

# INHIBITIONS, SYMPTOMS AND ANXIETY

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## III

To return to the problem of the ego: The apparent contradiction of which we have been speaking arises from the fact that we take abstractions too rigidly, and from out of a complicated state of affairs we pick now one aspect and now another exclusively. The separation of the ego from the id seems justified, indeed is forced upon us, by certain findings. Yet on the other hand the ego is identical with the id, is only a specially differentiated portion of it. If in our thinking we contrast this portion with the whole, or if an actual disjunction of the two has come about, then the weakness of this ego becomes evident. If, however, the ego remains one with the id and indistinguishable from it, then it is its strength that is apparent. The same with the relation of the ego to the super-ego: as regards many situations they are one and the same; as a rule we can distinguish them only when a state of tension, a conflict between them, has arisen. In the case of repression the fact of crucial importance is that the ego is an organized entity, whereas the id is not; in fact, the ego is the organized part of the id. It would be quite unjustifiable to conceive of the ego and the id as if they were two opposing camps—as though through repression the ego were seeking to suppress a part of the id, and that thereupon the rest of the id came to the assistance of the part attacked and measured its strength against that of the ego. Such may often come about, but it is certainly not the situation at the outset, at the time when repression is instituted; as a rule, the instinctual impulse to be repressed remains isolated. The act of repression has demonstrated to us the strength of the ego, but it also bears witness at the same time to the ego's impotence and to the uninfluenceable character of the individual instinctual impulse in the id. For the process which through repression has become a symptom now maintains its existence outside of the ego-organization and inde-

pendent of it. And not it alone, but all its offshoots, enjoy the same privilege of extraterritoriality, as one might put it; and where these come into associative contact with parts of the ego-organization, it becomes a question whether they will not win the latter over to their side and batten on this success at the expense of the ego. A thrice familiar comparison depicts the symptom as a foreign body which produces and maintains uninterruptedly symptoms of stimulus and response in the tissues in which it has become embedded. It may happen, it is true, that the defensive struggle against the unwelcome instinctual impulse is terminated when a symptom is formed; as far as we know, this is most likely to occur in hysterical conversion, but as a rule the course of events is otherwise; after the first act of repression there follows a lengthy or never-ending epilogue: the struggle against the instinctual impulse is continued in the struggle against the symptom.

This secondary defensive struggle presents two mutually contradictory aspects. On the one hand, the ego is compelled by its nature to undertake something which we must regard as an attempt at reinstatement or propitiation. The ego is an organization; it is dependent on the free intercommunication of, and the possibility of reciprocal interplay between, all its constituent elements; its desexualized energy still gives evidence of its origin in its striving for union and unification, and this compulsion to synthesis increases in direct proportion to the strength which the ego attains. It can thus be understood that the ego also attempts to do away with the alien and isolated character of the symptom by utilizing every possibility of binding it to itself in some way and of embodying it within its organization by means of such ties. We know that an effort of this kind is already at work in the creating of the symptom. A classical example of this is afforded by those hysterical symptoms which so transparently constitute a compromise between the wish for gratification and the need for punishment. As representing the fulfilment of a demand on the part of the superego such symptoms are *ab initio* an integral part of the ego, while on the other hand they signify loci of the repressed



material and points where the latter has broken into the ego-organization; they are, so to speak, frontier posts staffed from both sides of the border. The question whether all primary hysterical symptoms are so constructed should merit careful investigation. In the further course of events the ego behaves as if it were swayed by the consideration that the symptom is there and cannot be got rid of, and that therefore the thing to do is to make the best of the situation and extract the greatest advantage possible from it. There takes place an adaptation to the ego-alien bit of the world within, which the symptom represents—an adaptation such as otherwise the ego would normally effect to the outer world of reality. Occasions for so doing are never lacking. The existence of the symptom may entail a certain impairment of the efficiency with which a demand on the part of the superego may be silenced or a claim on the part of the environment repudiated. Thus the symptom is gradually entrusted with the representing of important interests; it acquires a value for self-assertion; it becomes intertwined more and more intimately with the ego, becoming ever more indispensable to the latter. Only in rather rare instances does the encapsulation of a foreign body reproduce anything similar to this. One would exaggerate the significance of this secondary adaptation if one were to say that the ego acquired the symptom for the sole purpose of enjoying its advantages. This would be to advance a view as correct or as erroneous as the opinion that a maimed war veteran had had his leg shot away only that he might thereafter live in indolence on his pension.

Other clinical syndromes, those of compulsion neurosis and paranoia, acquire high value for the ego, not because they bring it some advantage, but because they yield a narcissistic gratification otherwise denied. The systems formed by the compulsion neurotic flatter his self-love with the illusion that because of his particular cleanliness and conscientiousness he is better than other people; the delusions of paranoia open up to the ingenuity and the fantasy of these patients a field of activity not easily replaced. From all these interrelationships

there results what we know as the (secondary) *gain of illness* of neurosis. This comes to the aid of the ego in its effort to incorporate the symptom within itself, and strengthens the fixation of the latter. When, then, we attempt to render analytic assistance to the ego in its struggle against the symptom, we find these reconciling bonds between the ego and the symptom functioning on the side of the resistances. To loosen them is not made easy for us. The two devices which the ego employs against the symptom really stand in opposition to each other.

The other of the two devices has a less friendly character; it continues the original trend of repression. But it seems that we need not bring a charge of inconsistency against the ego. The ego is peace-loving and would like to incorporate the symptom, to include it in its ensemble. The disturbance proceeds from the symptom, which, as the true substitute for and derivative of the repressed striving, continues to play the rôle of the latter, unceasingly reiterates its demand for gratification, and thus compels the ego to give the signal of distress and to put itself on guard.

The secondary struggle of defense against the symptom is protean in its character, is enacted in various arenas, and makes use of a multiplicity of means. We shall not be able to say very much about it, however, unless we take individual instances of symptom creation as the subject of discussion. In doing so we shall find occasion to embark upon the problem of anxiety which for some time now we have felt to be lurking in the background. It will be desirable to begin with the symptoms which hysteria creates; we are not yet prepared for hypotheses concerning the process of symptom formation in compulsion neurosis, paranoia and other neuroses.



#### IV

The first case which we shall consider is that of an infantile hysterical zoöphobia, taking as an example a case, typical in all essential respects, of a phobia of horses, the case of "little Hans"<sup>1</sup>. The very first impression we derive makes it evident that the conditions which obtain in an actual case of neurotic illness are far more complicated than we should be led to expect as long as we work with abstractions only. It is something of a task to get one's bearings with regard to what the repressed impulse is and what its substitute in the form of symptoms, and wherein the motive for repression becomes recognizable.

Little Hans refused to go out on the street because he was afraid of horses. This is the raw material of the case. Now, what is it in this which is the symptom: the development of anxiety, or the choice of the object of anxiety, or the renouncing of freedom of movement, or several of these combined? What is the gratification which he renounces? Why does he have to renounce it?

It would be easy enough to reply that there is nothing so very puzzling about this case. The unintelligible fear of horses is the symptom; the inability to go out on the street is an inhibition, a restriction, which the ego imposes on itself in order not to arouse anxiety. The correctness of the explanation of this last point is sufficiently evident, and this inhibition may therefore be left out of account in our subsequent discussion. But this cursory initial acquaintance with the case does not even give us the true text of the manner in which the alleged symptom is expressed. For as we learn on closer inquiry, it is not at all a question of an indefinite fear of horses, but of a definite anxious expectation—namely, that of being bitten by a horse. This content, it is true, seeks to avoid becoming conscious and to be replaced by the indefinite phobia

<sup>1</sup> See *The Analysis of a Phobia in a Five-Year-Old Boy* (Collected Papers III).

in which only the anxiety and its object still remain. Is this content perhaps the nucleus of the symptom?

We shall make no further progress so long as we fail to take into account the entire psychic situation of the little patient as this is revealed to us during analysis. He finds himself in the jealous and hostile œdipus attitude to his father, whom, however, in so far as his mother does not enter into the picture as the cause of dissension, he loves devotedly. Thus we have a conflict springing from ambivalence—a firmly founded love and a not less justified hatred, both directed to the same person. His phobia must be an attempt to resolve this conflict. Such conflicts due to ambivalence are very common; we are acquainted with another typical outcome of them in which one of the two contending trends, usually the tender one, becomes enormously augmented, while the other disappears. Only the excessiveness of the tenderness and its compulsive character betray the fact that this attitude is not the only one present, and that it is ever on its guard to keep the contrary attitude suppressed, making it possible to construe a train of events which we describe as repression through *reaction formation* (in the ego). Cases like that of little Hans show nothing of such reaction formation; evidently there are various paths of escape from an ambivalency conflict.

Meanwhile there is something else which we have perceived with certainty. The instinctual impulse which succumbs to repression is a hostile impulse against the father. The analysis furnished the evidence of this in tracing the origin of the idea of the biting horse. Hans saw a horse fall down; he saw too a playmate with whom he had played "horsie" fall and hurt himself. The analytic material has given us the right to construe a wish on Hans's part to the effect that his father should fall and hurt himself as had the horse and Hans's playmate. References of his to a departure which he saw his father make lead us to suppose that the wish for his father's destruction has also found less timid expression. Such a wish, however, is equivalent to the intention of doing away with him himself, to the murderous impulse of the œdipus complex.



From this repressed instinctual impulse there exists as yet no pathway to the substitute for it which we assume the phobia of horses to be. Let us now simplify little Hans's emotional situation by leaving out the infantile factor and the ambivalence; let us call him a younger servant in a household who is in love with the mistress of the house and enjoys certain favors at her hands. We will retain too the element that he hates the master of the house, who is of course stronger than he, and wishes he had some means of getting him out of the way; the most natural upshot of this situation then is that he would fear revenge or retaliation on the part of this master, that a state of anxiety in relation to him would be engendered—quite like little Hans's phobia of horses. But this means that we cannot term his phobic anxiety a symptom; if little Hans, in love with his mother, were to betray fear of his father, we would have no right to ascribe a neurosis, a phobia, to him. We should, rather, be confronted merely with a wholly intelligible affective reaction. That which makes this affective reaction into a neurosis is singly and solely an altogether different feature, namely, the substituting of the horse for the father. It is this displacement, therefore, which produces something deserving of the term symptom; and this is that other mechanism we have spoken of which permits the resolving of the ambivalency conflict without recourse to reaction formation. This displacement, moreover, is rendered possible or facilitated by the circumstance that inborn traces of a totemistic mode of thinking can still be easily activated at this tender age; the gulf between man and animal is not yet recognized, certainly not so over-emphasized as later. The adult male, admired but also feared, still belongs in the same category with large animals, which one envies for many things but against which one has also been warned because they can be dangerous. Thus the conflict due to ambivalence is not worked out in the same person, but is, so to speak, detoured, in that one of its component impulses is foisted upon another person as substitute.

Thus far matters are clear enough, but on another score the analysis of little Hans's phobia has been highly disappointing.

The distortion of which the symptom consists is carried out not at all upon the representative (the ideational content) of the instinctual impulse to be repressed, but upon an entirely different one which corresponds only to a reaction against what is objectionable *per se*. Our expectation would rather have been that little Hans would have developed, instead of his fear of horses, a tendency to maltreat them, to beat them, or would have given clear expression to his wish to see them fall down and injure themselves, possibly to die in convulsions (the "making a row with the feet"<sup>1</sup>). Something of the kind really occurred during his analysis, but it is not at all conspicuous in his neurosis, and—curiously enough—if he had developed such hostility as a central symptom, directed against horses only instead of against his father, we should certainly not have judged that he had a neurosis. There is something wrong here somewhere, either in our conception of repression or in our definition of a symptom. One thing of course strikes us immediately: If little Hans had really manifested such an attitude toward horses, then repression would not have altered in the least the character of the objectionable aggressive instinctual impulse but only transformed its object.

It is quite certain that there are cases of repression which do not do more than this. In the genesis of little Hans's phobia, however, more has happened; how much more, we may discover from another analytic fragment.

We already know that little Hans gave as the content of his phobia the idea of being bitten by a horse. Now we have since obtained insight into the genesis of another case of zoöphobia wherein it was a wolf which gave rise to anxiety but which likewise represented a father substitute<sup>2</sup>. In connection with a dream which the analysis was able to elucidate, this boy developed a fear of being eaten by a wolf, like one of the seven little goats in the fairy story. The authenticated fact that little Hans's father had played "horsie" with him was certainly a determining factor in his choice of the animal causing anxiety;

<sup>1</sup> *Loc. cit.*, page 193.—TR. NOTE.

<sup>2</sup> *From the History of an Infantile Neurosis* (Collected Papers III).



in the same way, it is at least highly probable that the father of this second patient, a Russian analyzed in his twenties, had mimicked a wolf in playing with him as a youngster and had jokingly threatened to eat him up. I have since come upon a third case, that of a young American, who did not develop any animal phobia, it is true, yet in whom its very absence helped to an understanding of the other cases. His sexual excitement had been kindled by a fantastic nursery tale which was read to him of an Arab sheik who pursued a Gingerbread Man in order to devour him. With this edible being he identified himself, the sheik was readily recognizable as a father substitute, and this fantasy became the first substratum of his autoerotic activity. The idea of being eaten by the father belongs to the typical primal stock of childhood ideas; analogies from mythology (Kronos) and from animal life are generally familiar.

Despite such assistance, these ideas are so foreign to us that it is only with incredulity that we are able to concede them to the child. We also do not know whether they really mean what they seem to express, and do not understand how they can become the subject of a phobia. Analytic experience, of course, gives us the required information. It tells us that the idea of being eaten by the father is the regressively debased expression of a tender passive impulse which craves to be the object of the father's love in the sense of genital erotism. The further history of the case permits of no doubt as to the correctness of this interpretation. The genital impulse, it is true, no longer betrays anything of its tender intent when it is expressed in the language of the stage of transition from the oral to the sadistic phase of libido organization, a stage long since left behind. Is it, moreover, a question only of a substitution of the instinct representative by a regressive mode of expression, or is it, rather, a genuine regressive debasement of the genitally directed impulse in the id? This seems to be a matter by no means easy to decide. The clinical history of the Russian "wolf man" points quite definitely to the latter more serious possibility, for from the time of the crucial dream onward he behaved "badly", cruelly and sadistically, and developed shortly

afterwards an outright compulsion neurosis. At all events we learn that repression is not the only means at the command of the ego whereby it defends itself against an unwelcome instinctual drive. When it succeeds in bringing about the regression of the impulse, it has inflicted more radical damage upon the latter, after all, than would be possible through repression. Occasionally, to be sure, repression follows upon the regression which the ego has first compelled.

The situation in the case of the "wolf man" and the somewhat simpler one in that of little Hans suggest a number of further considerations, but two unexpected pieces of insight we obtain at once. There can be no doubt that the repressed instinctual impulse which these phobias represent is a hostile one directed against the father. One may say that this impulse is repressed by a process of transformation into its opposite; in place of aggression against the father, there appears the father's aggression—retaliation—against the individual himself. Since such aggression is rooted in the sadistic stage of libido development in any case, there is only necessary a certain degree of degradation thereof to the oral level, such as is intimated in the case of Hans in the being bitten, but in the Russian is carried out in forthright fashion in the being eaten. But in addition analysis makes it possible to establish beyond any doubt that simultaneously still another instinctual impulse has succumbed to repression, one of opposite signification, namely, a tender passive impulse towards the father which had already reached the threshold of the genital (phallic) stage of libido organization. This latter seems even to be the more significant as regards the end result of the repressive process; it undergoes the more extensive regression; it obtains the crucial influence upon the content of the phobia. Where therefore we have traced the repression of but a single impulse, we have now to recognize the conjunction of two such processes; the two instinctual impulses concerned—sadistic aggression against the father, and a tender passive attitude to him—form a contrasting pair; nay, more: if we evaluate the history of little Hans correctly, we recognize that in addition the tender object-cathexis



of his mother has been abolished through the creation of his phobia, although of this the content of the phobia betrays no suggestion. We are dealing in the case of Hans—it is much less definite in the case of the Russian—with a repression which involves almost every component of the œdipus complex—the hostile as well as the tender impulse towards the father, and the tender towards the mother.

These are quite unwelcome complications for us whose desire it was to study only simple cases of symptom formation resulting from repression, and who had turned for this purpose to the simplest and seemingly most transparent neuroses, those of childhood. Instead of a single repression we encountered a host of them, and in addition to this we had to deal with regression as well. Perhaps we have only increased the confusion by attempting to fit both our analyses of zoöphobia, of little Hans and of the “wolf man”, into the same Procrustean bed. For certain differences between the two now strike us. It is only of little Hans that we may declare with assurance that through his phobia he overcomes the two major impulses of the œdipus complex, the aggressive impulse towards the father and the over-tender impulse towards the mother; tender feelings towards his father are certainly present also and play their part in the repression of their opposite, but it cannot be shown either that they were strong enough to provoke repression or that they were abolished subsequently. Hans seems to have been quite a normal youngster, with a so-called positive œdipus complex. It is possible that the elements which we fail to find were also co-active in him, but we cannot demonstrate them; the material even of our most thorough analyses is simply deficient, our documentation incomplete. In the case of the Russian the lacuna occurs at another point; his relation to the female object was disturbed by a premature seduction, the passive feminine component was strongly developed in him, and the analysis of his wolf dream reveals little of intended aggression against his father—all these provide the most unequivocal proof that the repression has to do with the passive tender attitude to the father. Here again it may be that other

factors played a part, but they are not in evidence. If, despite these differences between the two cases, which are almost of the nature of a complete antithesis, the end result of the phobia is nearly the same, the explanation of this fact must come from another source; it comes from the second result of our little comparative study. We believe that we know the motive force behind the repression in both cases and see its rôle substantiated by the course which the development of the two children takes. This motive force is in both cases the same—namely, fear of a threatened castration. It is because of castration anxiety that little Hans renounces aggression against his father; his anxiety lest a horse should bite him can be readily supplemented by saying that his anxiety is lest a horse should bite off his genital, castrate him. But it is from castration anxiety also that the little Russian renounces the wish to be loved by his father as a sexual object, for he has understood that such a relationship would have as its prerequisite that he sacrifice his genital—that which distinguishes him from the female. Both forms of the œdipus complex—the normal, active, as well as the inverted—founder on the castration complex. The Russian's fear of being eaten by a wolf contains no suggestion of castration, it is true; through oral regression the idea has been removed too far from the phallic stage; but the analysis of his dream makes any other proof superfluous. It is furthermore a complete triumph of repression that in the wording of the phobia there is no longer anything which hints at castration.

It is in this, then, that our unexpected result consists: In both cases the motor force behind the repression is castration anxiety; and the content of the anxiety—being bitten by a horse, or eaten by a wolf—is in each case a distortion of and substitute for another content, that of being castrated by the father. It is precisely this content which has undergone repression as such. In the Russian the content was the expression of a wish which could not maintain itself against the revolt of masculinity, in Hans the expression of a reaction which converted aggression into its opposite. But the anxiety affect of the phobia which constitutes its essence does not arise from the



process of repression nor out of the libidinal cathexes of the repressed impulses, but from the repressing forces themselves; the anxiety of zoöphobia is transformed castration anxiety, therefore a real anxiety, a reality fear, fear of a danger actually threatening or believed to do so. Here it is the anxiety that causes the repression, and not, as I earlier stated, the repression the anxiety.

It is not pleasant to think of it, but there is no use in denying that I have repeatedly put forward the thesis that through repression the instinctual representative is distorted, displaced and the like, and the libido of the instinctual impulse transformed into anxiety. Study of the phobias, which should be particularly well calculated to furnish proof of this thesis, thus fails to confirm it; rather, it seems completely to contradict it. The fear in zoöphobia is castration anxiety on the part of the ego, that in agoraphobia (though this has been less thoroughly studied) seems to be a fear of temptation, which must certainly be related genetically to castration anxiety. The majority of phobias, so far as we can see at present, are traceable to such a fear on the ego's part of the demands of the libido. Always in this situation it is the attitude of anxiety on the part of the ego which is the motive of and the incitement to repression. Never does the anxiety emanate from the repressed libido. If I had been content on earlier occasions simply to say that following upon repression a certain amount of anxiety appears in place of the expression of libido that would be expected, I should not have to retract anything now. The description is correct, and there does exist the correspondence between the strength of the impulse to be repressed and the intensity of the anxiety resulting which I asserted. But I confess I thought I was giving more than a mere description; I supposed that I had recognized the metapsychological process of a direct transformation of libido into anxiety; this I can no longer maintain today. I was unable, besides, to give any account at that earlier time of how such a transformation was accomplished.

Whence did I derive at all the idea of this transformation? At a time when we were still a long way from distinguishing

between processes in the ego and processes in the id, from a study of the "actual" neuroses. I found that certain sexual practices, such as coitus interruptus, frustrated excitement, enforced abstinence, give rise to outbreaks of anxiety and a general predisposition to anxiety—which may be induced whenever, therefore, sexual excitation is inhibited, frustrated or diverted in the course of its discharge in gratification. Since sexual excitement is the expression of libidinal instinctual impulses, it did not seem rash to suppose that through the influence of such disturbances the libido became converted into anxiety. Now this observation still holds good today; on the other hand, it cannot be denied that the libido of processes in the id is subjected to disturbance by the provocative influence of repression; thus it may still be correct to say that in repression anxiety is created out of the libidinal cathexis of instinctual impulses. But how is one to bring this finding into accord with the other, namely, that the anxiety of a phobia is an ego anxiety, originates in the ego, and does not result from repression but on the contrary evokes it? This seems a contradiction, and one not simple to resolve. To reduce the two sources of anxiety to a single one is not easy of accomplishment. One may attempt it by supposing that in the situation of interrupted coitus, of intermitted excitation, of abstinence, the ego scents danger to which it reacts with anxiety; but this does not get us very far forward. On the other hand, the analysis of phobias which we have undertaken does not seem to be open to correction. *Non liquet!*



## V

It was our desire to study the way in which symptoms are created, and the secondary struggle of the ego against them, but in selecting phobias for this purpose we have evidently not made a very fortunate choice. Anxiety, which is the predominating characteristic of these disorders, now appears as a complication which conceals the true state of affairs. There is a plenitude of neuroses in which no anxiety is manifested. True conversion hysteria belongs in this category; its most severe symptoms may be free from any admixture of anxiety. This fact alone ought to serve as a warning to us not to connect anxiety with symptom formation too rigidly. The phobias are in other respects so closely related to conversion hysteria that I have considered it justifiable to align the former with the latter as "anxiety hysteria". But no one has yet been able to formulate what it really is that determines whether a case will assume the form of a conversion hysteria or of a phobia; in other words, no one has established what constitutes the prerequisite for the development of anxiety in hysteria.

The symptoms most frequent in conversion hysteria—a motor paralysis, a contracture, or an involuntary movement or motor discharge; a pain; an hallucination—are cathexes either permanently sustained or intermittent; but to say this only introduces new difficulties into their explanation. One really does not know much that can be said about these symptoms. Through analysis one may learn for what particular excitation whose discharge is interfered with they are the substitute; in most instances we find that the symptoms themselves participate in this discharge of excitation, as if the total energy of the excitation had been concentrated upon this one fraction. Pain was present in the situation in which repression took place; hallucinations were the perception of, motor paralysis the defense against, an action which should have been carried out in that situation but was inhibited; contracture is usually a displacement elsewhere of a muscle innervation intended at the time in question; the convulsive seizure the expression of an outbreak of affect which has

escaped from the normal control of the ego. The sensation of unpleasure (*Unlust*) which accompanies the appearance of symptoms varies to an extraordinary degree. In the case of the permanent symptoms where a displacement upon motility has occurred, such as paralysees and contractures, it is usually absent; the ego behaves towards them as if it were not involved; in the case of the intermittent symptoms and those in the sensory sphere, definite feelings of unpleasure are experienced as a rule, which may be increased to an excessive degree in the case of the symptom of pain. It is extremely difficult to isolate out of this complexity the factor which makes such differences possible and which would permit of their explanation on a single all-inclusive basis. Furthermore, there is little to note in conversion hysteria regarding the struggle of the ego against the symptom, once the latter has been created. It is only when the sensibility to pain on the part of some portion of the body has become a symptom that the part of the body in question is placed in the position of playing a double rôle. The painful symptom makes its appearance just as certainly if this part of the body is stimulated from without as when the pathogenic situation which the symptom represents is associatively activated from within, and the ego adopts precautionary measures to forestall the activation of the symptom through external perception. Whence arises the particular incomprehensibility which characterizes symptom formation in conversion hysteria we are unable to guess, but it supplies a reason for quickly leaving this unfruitful field behind.

We turn to the compulsion neurosis in the expectation that we may learn more in this disorder of the way in which symptoms are created. The symptoms of compulsion neurosis are, broadly speaking, of two kinds and of contradictory purport. They are either prohibitions or prophylactic measures or atonements, and are thus of a negative character, or they are on the other hand substitute gratifications, very often in symbolic guise. Of these two groups the negative, defensive, punitive variety is the earlier; with the progress of the illness, however, the gratifications, proof against all measures of defense, gain the upper



hand. It represents a triumph of symptom creation when this process succeeds in amalgamating prohibition with gratification, so that the originally defensive command or prohibition acquires the significance of a gratification, for which purpose highly artificial associative links are often utilized. In this performance is manifest that tendency to synthesis which we have already attributed to the ego. In extreme cases the patient succeeds in bringing it about that the majority of his symptoms acquire a meaning the exact opposite of that which they originally possessed—a testimonial to the power of that ambivalence which plays so large a rôle, though we do not know why, in compulsion neurosis. In the extremest case the symptom is dichronous; that is to say, upon a piece of behavior which carries out a given prescription there follows immediately a second one which abolishes or nullifies it, even though not yet venturing to institute its opposite.

Two impressions emerge immediately from this cursory survey of compulsive symptoms. The first is that in these symptoms a continuous struggle against the repressed is being maintained, in which the tide of battle turns increasingly against the repressing forces; the second, that ego and superego here participate to a particularly large degree in the formation of symptoms.

Compulsion neurosis is indeed the most interesting and most grateful subject of analytic investigation, but a problem still unsolved. If we wish to penetrate more deeply into its nature, we shall have to confess that dubious assumptions and unproven conjectures cannot yet be dispensed with. The situation of origin in the case of compulsion neurosis is in fact none other than in hysteria, namely, the defense necessary against the libidinal demands of the œdipus complex. Furthermore there seems to be present in every compulsion neurosis a lowermost layer of hysterical symptoms of very early formation. Its subsequent form, however, is then decisively altered by a constitutional factor. The genital organization of the libido manifests itself as too weakly and too little resistant. When the ego undertakes the measures of defense just referred to, the first

result it achieves is that the genital organization (of the phallic phase) is wholly or partially thrown back to the earlier anal-sadistic stage. This fact of regression is crucial for all that follows.

One may take still another possibility into consideration. Perhaps the regression is not the consequence of a constitutional but of a time factor. It is made possible, not because the genital organization of the libido has proved too feeble, but because the resistance of the ego has been initiated too early, during the height of the sadistic phase. I do not venture a definite decision on this point, but analytic observation does not favor the latter supposition. It indicates, rather, that the phallic stage has already been reached when the deviation to compulsion neurosis occurs. The age period, furthermore, at which this neurosis has its onset is a later one than is the case with hysteria (the second period of childhood, after the latency period); in one case which I had the opportunity to study, in which this disorder developed very late, it was clear that a disturbance in actual life of his genitality, which had been intact until then, supplied the situation prerequisite for regression and for the genesis of the compulsion neurosis.<sup>1</sup>

The metapsychological explanation of regression I have thought to find in an "instinct defusion", in the segregation of the erotic components which with the onset of the genital phase were joined to the destructive cathexes of the sadistic stage.

The enforcing of regression constitutes the ego's first success in its struggle of defense against the demands of the libido. It is convenient to distinguish here the general tendency to "defense" from "repression", which is only one of the mechanisms utilized in the service of the defense. Perhaps in compulsion neurosis, even more clearly than in normal and hysterical cases, we may recognize the castration complex as the motivating force of defense, the strivings of the œdipus complex as that which is defended against. We now find ourselves at the beginning of the latency period, which is characterized by the breaking down of the œdipus complex, the creating or

<sup>1</sup> See *The Predisposition to Obsessional Neurosis*. Collected Papers II.



consolidating of the superego, and the erecting of ethical and æsthetic barriers in the ego. In compulsion neurosis these phenomena exceed the normal degree; to the destruction of the œdipus complex is joined the regressive degradation of the libido, the superego becomes particularly strict and hard-hearted, and in obedience to the superego the ego develops intense reaction formations of conscientiousness, pity, cleanliness. With inexorable and hence not always successful severity the temptation to continue the masturbation of early infancy is tabooed—a temptation now based upon regressive (anal-sadistic) ideas, but at the same time representing the uncontrolled part of the phallic organization. An inner contradiction consists in the fact that it is precisely in the interest of the maintenance of masculinity (castration anxiety) that every manifestation of this masculinity is prevented, but in compulsion neurosis this contradiction also is only exaggerated, merely an intensification of the normal manner of overcoming the œdipus complex. Just as every excess carries within itself the seeds of its own surcease, so this holds true too of compulsion neurosis, in that it is precisely the suppressed onanism which in the form of compulsive acts compels an ever furthered approximation to gratification.

The reaction formations in the ego of the compulsion neurotic which we recognize as exaggerations of normal character traits we may put down as a new mechanism of defense, along with regression and repression. They seem to be lacking, or to be much weaker, in hysteria. In retrospect we thus arrive at a conjecture as to what it is that distinguishes the defense process in hysteria. It appears that this is limited to repression, in that the ego turns away from the objectionable instinctual impulse, leaves it to work out its destiny in the unconscious, and takes no further interest in its fate. This cannot be correct to the last detail, for certainly we know cases in which the hysterical symptom signifies at the same time the fulfilment of a demand for punishment on the part of the superego, but it will describe a general characteristic of the behavior of the ego in hysteria.

It may simply be taken as a fact that in compulsion neurosis so strict a superego is formed, or one may give consideration to the fact that the fundamental characteristic of this disorder is regression of the libido, and attempt to connect with this the character of the superego. As a matter of fact, the superego, which derives from the id, is quite unable to evade the regression and instinct defusion which take place there. It can hardly be surprising if the superego, on its part, should be more rigid, more sadistic, more hardhearted than in normal development.

During the latency period the defense against the temptation to onanism seems to be regarded as the principal task. This struggle gives rise to a number of symptoms which recur in typical fashion in the most different individuals and which have in general the character of a ceremonial. It is greatly to be deplored that these have not thus far been collected and systematically analyzed; as the earliest manifestations of neurosis, they would most easily throw light upon the mechanism of symptom formation here employed. They already exhibit the characteristics which will become manifest so ominously later on in a serious illness: such as their application to acts which should later be carried out as if they were automatic, as for example going to bed, washing and dressing, and locomotion; and such as also the tendency to repetition and to procrastination. Why this should happen, we do not as yet understand in the least; the sublimation of anal-erotic components plays a definite rôle therein.

Puberty forms a definite epoch in the development of the compulsion neurosis. The genital organization, interrupted in childhood, is now resumed with great vigor. But we know that the sexual development of childhood also prescribes the direction taken by this pubertal recrudescence. Thus on the one hand the aggressive impulses of childhood will reawaken; on the other, a greater or smaller proportion of the fresh libidinal impulses—in severe cases, their totality—must take the road laid down in advance by regression and appear



as aggressive and destructive designs. In consequence of this disguising of the erotic strivings and of the intense reaction formations in the ego, the struggle against sexuality is now continued under an ethical ægis. The ego rebels in bewilderment against the cruel and outrageous demands which are sent out from the id into consciousness, little suspecting that it is combating erotic wishes in so doing—among them also such as would otherwise escape its protest. The overstrict superego insists the more actively on the suppression of sexuality since the latter has assumed such obnoxious forms. Thus in compulsion neurosis the conflict is seen to be intensified in two directions: the defending forces have become too intolerant, that against which the defense is instituted too intolerable—and both of these through the influence of the single factor of regression of the libido.

One might find a contradiction of a number of our assumptions in the fact that the unwelcome obsession is conscious at all. What is alone indubitable is that it has previously undergone repression. In general, the specific terms of the aggressive instinctual impulse are not at all known to the ego. A good deal of analytic work is necessary to bring them to consciousness. What has penetrated into consciousness is as a rule only a distorted substitute, rendered unrecognizable either by a hazy and dreamlike vagueness or through an absurd disguise. If repression has not left its impress upon the content of the aggressive impulse, it has at least done away with the affect accompanying it. Thus it is that the aggression does not appear to the ego as an impulse but rather, as patients put it, as a pure "thought content" which should leave one cold. The remarkable thing is that this is not in fact the case.

The affect not shown on perceiving the compulsive idea does make its appearance, but elsewhere. The superego behaves as if no repression had taken place, as if it were fully cognizant of the aggressive impulse in its true meaning and with its affective character undiminished; and it treats the ego on the basis of this hypothesis. The ego which knows

on the one hand that it is innocent has on the other to experience a feeling of guilt and to carry a feeling of responsibility which it is unable to account for. The riddle which this presents for our solution is not so difficult, however, as at first sight it appears. The attitude of the superego is entirely intelligible; the contradiction in the ego shows us only that by the medium of repression it has shut itself off from the id while remaining wholly accessible to influence from the superego.<sup>1</sup> The further question why the ego does not also seek to throw off the harassing criticism of the superego is settled by the information that this actually happens in a large number of cases. There are also cases of compulsion neurosis quite without a sense of guilt; to the best of our present understanding, the ego has saved itself from the perception of guilt by means of a new series of self-punitive symptoms, atonements, and restrictions. These symptoms signify at the same time, however, gratifications of masochistic instinctual impulses which likewise derive reinforcement from regression.

So enormous is the multiplicity of the manifestations which compulsion neuroses exhibit that despite all effort no one has yet succeeded in providing a comprehensive synthesis of all their variations. One is tempted to lay stress upon typical relationships, although in doing so there is the ever present fear of overlooking others no less important.

I have already described the general trend of symptom formation in compulsion neurosis. It consists in giving more and more room to substitute gratification at the expense of renunciation. The same symptoms which originally had the significance of limitations imposed upon the ego later assume also, thanks to the ego's synthesizing tendency, that of gratification, and it is evident enough that the latter significance gradually becomes the more potent one. An ego upon which extreme restrictions are imposed and which on this account is reduced to seeking gratification in symptoms is the result of this process, which increasingly approximates to a complete miscarriage of

<sup>1</sup> Cf. Reik: *Geständniszwang und Strafbedürfnis*, 1925, p. 51.



the original effort at defense. The shifting of the balance of power in favor of gratification may lead to the ominous end-result of a paralysis of the will on the part of the ego, which in every decision finds almost as strong an impulsion arrayed on one side of the question as on the other. The excessively bitter conflict between id and superego which dominates the disorder from the beginning may become so extended that none of the activities of the ego, incapable as it is of mediation, can escape involvement in this conflict.

## VI

During this struggle of the ego it is possible to observe two symptom-producing activities on its part which are of particular interest because they are obvious surrogates for repression and on this account serve admirably to illustrate the purpose and technique of the latter. Perhaps also the fact that these adjuvant and substitutive techniques come upon the scene may be looked upon as proof that the accomplishing of repression in the usual sense meets with difficulties. If we bear it in mind that in compulsion neurosis the ego is the arena of symptom formation to a much greater degree than in hysteria, that this ego clings tenaciously to its contact with reality and its relation to consciousness, and to this end summons all the intellectual means at its command—nay, more than this, that thinking appears to be hypercathected, erotized—if we bear these things in mind, such variants of repression as we have just referred to will perhaps seem less strange to us.

The two techniques I allude to are those of *undoing* and *isolation*. The first of these has an extensive sphere of application and reaches back to a very early period of development. It is a kind of negative magic which by means of a motor symbolism would “blow away”, as it were, not the consequences of an event (an impression, an experience), but the event itself. The choice of the expression I have used—“blow away”—is a reference to the rôle which such a technique plays not alone in neurosis but in magic, in folkways, and in religious ceremonial. In compulsion neurosis the mechanism of “undoing” is first and foremost encountered in the dichronous symptoms in which the individual’s second act abrogates or nullifies the first, in such manner that it is as though neither had taken place, whereas in reality both have done so. Compulsive ceremonials have the intention to “undo” as their second root, their first being to prevent or to forestall some specific thing happening or being repeated. The distinction is easy enough to grasp; precautionary measures are of a rational character, “voiding” or “cancelling” by means of “undoing” of an irra-



tional, magical nature. Naturally one must suppose that this second root is the older, that it derives from the animistic attitude to the environment. The effort at "undoing" finds its reflection in the normal sphere in the resolve to treat an occurrence as *non arrivé*; but in this case one does not take up arms against it, one is simply not concerned about either the occurrence or its consequences; whereas in neurosis the attempt is made to abrogate the past itself, to repress it by motor means. An effort of the same sort may provide the explanation of the compulsion to *repetition* so frequently present in neurosis, a repetition in the carrying out of which various mutually contradictory purposes are commingled. What has not happened in such a way as would have accorded with one's desire is made, through its repetition in some other way, not to have happened at all—to which are superadded all the various motives which may exist for lingering upon these repetitions. In the further course of the neurosis the striving to "undo" a traumatic experience is often revealed as a motive force of the first rank in the creating of symptoms. Thus we obtain an unexpected insight into a new and motor technique of defense, or, as we may here say with less inexactitude, of repression.

The second of the new techniques to be described, one peculiar to compulsion neurosis, is that of *isolation*. Its reference is likewise to the motor sphere; and it consists in the interposition, after an unpleasant experience, as also after some act of the subject's own which is of significance in the sense of his neurosis, of a refractory period in which nothing more is allowed to happen, no perception registered, and no action performed. This at first sight strange behavior soon betrays its relation to repression. We know that in hysteria it is possible for a traumatic impression to become subjected to amnesia, but that in compulsion neurosis this is not often achieved; the experience is not forgotten but it is stripped of its affect and its associative connections are suppressed or interrupted, so that it stands apart, as if isolated, and furthermore fails to be reproduced in the course of one's mental activity. The effect of this isolation is the same, then, as in repression

with amnesia. The isolation phenomena of compulsion neurosis thus reproduce this technique, but intensified by motor means and with a magic intent. The very things which are kept asunder in this way are precisely those which associatively belong together; motor isolation is to furnish a guaranty of the interruption of coherence in thinking. A pretext for the employment of this method on the part of the neurosis is provided by the normal process of concentration. Impressions or problems that seem important to us should not be disturbed by simultaneous claims on our attention of other mental processes or activities. But even in normal persons concentration is utilized to keep at a distance not solely matters of indifference, things that are irrelevant, but in particular things which run inconveniently counter to the matter in hand. The things which are felt to be most irreconcilable in this regard are those which originally belonged together but which in the course of development have been split asunder, such as for example the manifestation in one's relation to God of the original ambivalence towards one's father, or the activity of the excretory organs as continuing to pervade erotic excitation. Thus the ego has normally a not inconsiderable task to perform in directing the course that thinking pursues, and we know that in the conduct of analysis we have to educate the ego to renounce for the time being this otherwise wholly legitimate function.

We have all had experience of the fact that it is particularly difficult for the compulsion neurotic to comply with the fundamental rule of analysis. Probably in consequence of the severe tension existing between his superego and his id, his ego is more vigilant, the isolations it effects more rigorous. It has too much to fend off in the course of its thinking—the intrusion of unconscious fantasies, the expression of ambivalent strivings. It cannot relax, it finds itself in a perpetual state of preparedness. This compulsion to concentration and isolation it then sustains through those magical acts of isolation which become so striking as symptoms and at the same time of so much significance practically, yet which are of course useless in themselves and partake of the character of a ritual.



In its attempt to prevent associations from occurring, to obstruct the forming of connections in thought, however, the ego is complying with one of the oldest and most fundamental commandments of the compulsion neurosis, the taboo on touching. To the question why the avoidance of touching, contact or contagion plays so large a rôle in the neurosis and is made the content of so complicated a system, the answer is that touching, physical contact, is the most immediate aim of aggressive no less than of tender object cathexes. Eros desires contact, for it strives for union, for the annihilation of spatial boundaries between ego and loved object. But destruction, too, which before the invention of long-range weapons could be effected only through proximity, necessarily presupposes physical contact, the use of the hands. To touch a woman has become in ordinary parlance a euphemism for her use as a sexual object. Not to touch the genital is the usual wording of the prohibition against autoerotic gratification. Since the compulsion neurosis sought to effect erotic contact at the beginning, and then, subsequent to regression, the same contact disguised as aggression, nothing was taboo to it in such intense degree as this very contact, nothing was so fitted to become the keystone of a system of prohibitions. Isolation, however, is the abolishing of the possibility of touching, the means of withdrawing a thing from every contact; and when the neurotic isolates an impression or an action by means of an interval, he symbolically gives us to understand that he does not want the thought of the impression or the action in question to come into associative contact with other thoughts.

Such is the extent of our researches into symptom formation. It is scarcely worth while to summarize them; they remain meager in result and incomplete, and have contributed little, besides, that was not already known. To take up for consideration symptom formation in disorders other than the phobias, conversion hysteria and compulsion neurosis would be futile; too little is known about it. But even grouping together these three neuroses raises an extremely weighty question, and one which can no longer be deferred. In all three

the destruction of the œdipus complex is the starting point; in all three, we assume, castration anxiety is the motive force behind the struggles of the ego. But it is only in the phobias that such anxiety appears or is acknowledged. What has become of it in the other two? How, in the other two, has the ego preserved itself from anxiety? The problem becomes still more acute when we recall the possibility previously mentioned that anxiety arises, through a kind of fermentation, out of the libidinal cathexis itself whose career has been interfered with; and in addition, is it established that castration anxiety is the only motive force behind repression (or defense)? When one thinks of the neuroses of women, one must doubt this; for certain though it is that the castration complex is demonstrable in them, one can hardly speak of castration anxiety in the strict sense where castration is already effected.<sup>1</sup>

*Translated by* HENRY ALDEN BUNKER

<sup>1</sup> See also *New Introductory Lectures*, page 121.—TR. NOTE.



## THE PROBLEM OF THE NEGATIVE THERAPEUTIC REACTION

BY KAREN HORNEY (NEW YORK)

There are many reasons for an impairment of a patient's condition during analysis; their common denominator is the arousal of anxiety, with which either the patient or the analyst is unable to deal adequately.

What Freud<sup>1</sup> has called the "negative therapeutic reaction" is not, indiscriminately, every deterioration of the patient's condition; but the fact that the patient may show an increase in symptoms, become discouraged, or wish to break off treatment immediately following an encouragement or a real elucidation of some problem, at a time, that is to say, when one might reasonably expect him to feel relief. In fact, the patient very often actually feels this relief distinctly, and then after a short while reacts as described. Freud considers this reaction indicative of a bad prognosis in the particular case, and, as it is a frequent occurrence, a serious barrier to therapeutic endeavors in general.

When Freud first published these observations many questions arose concerning the specific nature of such an impairment, among them, Are we so sure in our expectation of what should bring relief to the patient? I remember my own scepticism on the subject. But the more experience I gained, the more I came to admire the keenness and the importance of Freud's observation.

Since there is nothing to add to Freud's description of the phenomenon, let me cite an example. A lawyer with widespread, subtle, inhibitions in almost every life situation had not got on in life in proportion to his abilities. During the analysis the possibility arose of his getting a much better position. It took him quite a time even to perceive his opportunity. On this occasion for the first time we discussed his

<sup>1</sup> Freud: *The Ego and the Id; The Economic Principle in Masochism; New Introductory Lectures*, 1932.

ambition, which he had repressed to an unusual degree. He could not even dream of ambitious aims, nor see possibilities in reality, nor take any step towards attaining such goals. However, when we indicated the possibility that he really was intensely ambitious, he recalled flashes of fantasy in which he was reforming the system of justice in the whole world. He came to see the discrepancy between his actual dull resignation and his hidden ambitions.

He must have felt relief for a brief time, but immediately he went into reverse gear, saying to himself, "You don't think you feel better after this!" Then he showed an increase in symptoms along the whole line. At the same time the disparaging attitude towards the analyst of which Freud speaks as belonging to the picture was manifest in his scarcely being able to listen to me and in his telling me: "You think you are smart. Any dummy could have told me that. These are all very trivial results."

In principle, this sequence of reactions is invariably present: first, a definite relief, then a shrinking back from the prospect of improvement, discouragement, doubts, hopelessness, wishes to break off, utterances like: "I had rather stay as I am—I am too old to change" (this from a twenty-four year old man). "If I should be cured of my neurosis I could break a leg and still have something to worry about." At the same time a definite disparaging, with intense hostility. One patient of mine had to think and express one thought throughout the hour—"you are no good". The patient whom Feigenbaum<sup>1</sup> describes thought of gangsters and charlatans in transparent reference to the analyst. The impulse to berate the analyst more often comes out indirectly: doubts of the analyst; increasing complaints with a tendency to show the analyst that he is of no help—all indicating a hostility which may be so strong that if repressed it may show itself in suicidal ideas.

The only point one might add to Freud's description is that anxiety may arise during the phases of the negative reaction

<sup>1</sup> Feigenbaum, Dorian: *Clinical Fragments. (Laughter Betraying a Negative Therapeutic Reaction.)* This QUARTERLY III, 1934.



either openly or in disguised form. In the latter event the increase of anxiety may reveal itself in an increase of those symptoms which are the characteristic expression of anxiety in the particular person, such as the feeling of being rushed or having diarrhœa. The more hostility reactions are repressed, the more likely is anxiety to appear.

You will recall how Freud accounts for the phenomenon of the negative therapeutic reaction—in his opinion the attitude of spite and the impulse to show superiority towards the analyst represent only a surface reaction, or, as Feigenbaum calls it, a “by-product”. The real dynamics, he believes, lie in the particularly great tension of these patients, between the superego and the ego, resulting in a sense of guilt and need for punishment in order to avoid anxieties concerning the superego. The suffering in the neuroses, therefore, has too valuable a function to be given up.

The negative reaction, implying as it does essential frustration of therapeutic efforts, presents a sharp challenge. It is an intricate problem, of which we must learn much before it is solved. Its interesting theoretical implications, however, I shall not touch, but merely suggest a way in which the whole problem may eventually be solved—that is, steps from the technical side which will lead to this goal. To illustrate these technical suggestions I present the description and interpretation of the phenomena in cases of a certain character structure which, tentatively, I am inclined to call the masochistic. I wish to show how the negative therapeutic reaction follows out of this structure with such necessity that it can be predicted; and finally, how by understanding its underlying trends one can overcome it.

A description of this intricate structure would far surpass the frame of a paper. I shall, for the sake of presentation, take up only those points which bear directly on the reaction, omitting many ramifications and interrelations, intricate and difficult to follow, and trace the main line only.

In the first place, we see these reactions stimulated by a good interpretation—by which, to repeat, I mean an interpretation

that either states clearly a problem of the patient's current difficulties or offers a partial solution of it, or throws light on hitherto incomprehensible peculiarities of the patient. We see, moreover, that the negative reaction follows regardless of the special content of the problem or solution offered. That is, the reaction does not primarily express a resistance against some particular insight.

The question then is: What effect has such a good interpretation on the deeper emotional layers? In persons with the character structure in question, the effects of a good interpretation are of five kinds. They are not always all present, nor are they all always equally strong, but they may exist in combinations of varying intensity.

*The first reaction* is that these patients receive a good interpretation as a stimulus to compete, as if the analyst, by seeing something they had not seen, is proved more intelligent, clearer-sighted, or more articulate than the patient—as if the analyst had asserted his superiority over the patient. The patient is resentful and expresses his resentment in different ways. Very rarely he expresses it directly. For instance, a patient of this type began to ponder whether he would have been able to see the particular implication or to express it as clearly as I. Much more often the resentment is revealed in subsequent attempts of the patient to reestablish his superiority by belittling the analyst, as in the examples already cited. Connected with this impulse to disparage the analyst, there is much rage of which the patient may or may not be aware: but he is never aware that the rage was provoked by the skilfulness of the interpretation. The rage may be disguised, as above, or may determine a complete refusal to coöperate.

The vehemence of the disparaging impulses in these cases raises the question whether they are not more than a surface attitude, that is, dynamically speaking, an essential element in the whole picture. To answer this question we must consider the rôle played by competitiveness, rivalry and ambition in the entire make-up.



In order to get an adequate estimate of the specific importance of this attitude for these individuals, we must remind ourselves of the enormous rôle played in our culture by competitiveness—a trait so general that we tend to consider it an ingrained trait of human nature. However, a knowledge of other cultures proves that such a view indicates only our insufficient detachment from the peculiar conditions under which we live in our civilization.<sup>1</sup> Our culture is pervaded by competition, not only in the business and political fields, but in social life, love life, marriage, and other fields as well. In fact, the entire picture as manifested in the character structure described is culturally conditioned, although, of course, through the channels of particularly unfortunate individual conditions in childhood. On the basis of this situation we must expect a certain amount of competitiveness in every analysis; and experience shows it to be a constant factor in the patient's relations with the analyst. Consequently we may limit our question to special features in our patients' competitiveness.

1. The competitiveness may exceed the average in quantity. Persons so affected constantly and automatically compare themselves with everyone they meet, even in situations which involve no actual competition. Their sole standard of values seem to be that of being ahead of or behind some other person. Their feeling towards life is that of a jockey in a race; they are dominated by the question, am I ahead? They have, in addition, fantastic expectations of their capacity for accomplishment. They fancy themselves the most popular person, the best physician, etc., in the world. They expect blind admiration.

When they start to paint they expect to be masters like Rembrandt immediately; their first play they expect to be at

<sup>1</sup> Alfred Adler has emphasized the rôle of competitiveness in neuroses, but puts it into an altogether different frame of reference. He does not relate it to cultural factors, and considers the striving for superiority an attempt to overcome an inferiority already existing; while I consider it to be the outcome of an intricate process of development in which—generally speaking—anxiety and hostility play the dominant rôles.

least as good as one by Shakespeare; the first blood count in the laboratory must be perfect—with inevitable repercussions of despair and depression. In the moral sphere these extraordinary demands express themselves in having to be perfect, encountering here the same exasperations at everything short of perfection. These ambitions, however, exist only in fantasies, which may or may not be conscious. The degree of awareness differs widely in different persons. There is, however, never any clear realization of the powerful rôle these ambitions play in the patient's life or of the great part they play in accounting for his behavior and mental reactions.

2. The second special feature is the amount of hostility involved in these ambitions. Such a person's attitude may be characterized thus: "No one but I shall be a good musician, read a good paper; no one but I shall be attractive, praised, or get attention and care when sick." Combined with this is the impulse ruthlessly to brush aside all possible competitors. One patient who was writing a paper nearly destroyed the paper of a friend because he considered it good, although it dealt with an entirely different subject from his own. This reaction was followed by despair of ever accomplishing anything, which was another expression of his demand that he alone should be able to accomplish anything.

Rationalizing in one way or another such persons compulsively disparage every competitor; or repressing, they overcompensate by exaggerated admiration. They cannot endure the idea of the analyst's having other patients besides themselves, and often protect themselves by shutting the other patients entirely out of their minds.

This attitude of hostile rivalry generally (in my experience always) is entirely unconscious. These patients know only that they are inordinately sensitive to any kind of criticism. They may go so far as to react with anger to any advice or offer of help—so far as such an offer implies an insinuation of any possible imperfection or lack of self-sufficiency—even when they recognize that the offer is kindly meant.



They are aware, in addition, of certain subsequent reactions which are the outcome of the anxiety connected with their rivalry attitude, into which I shall go later. The origin of this compulsive rivalry may be traced back to childhood. It is sufficient to say here that this kind of striving for absolute supremacy serves as protection against an extraordinary anxiety: it insures safety through absolute power. Hence, if this position is endangered the patients react with anxiety, hostility, or depression. This attitude is usually evinced during analysis by the patient's regarding any progress as a triumph of the analyst—a possible feather in the analyst's cap. The fact that the patient himself will profit from such success seems irrelevant.

With these implications in mind we understand now the impact of the reaction to a good interpretation: the patients feel endangered in their own position and react with rage when the analyst dares have a better grasp of the situation than they themselves. They must express their hostility and their sense of defeat by belittling the analyst.

In the cases considered so far, the negative therapeutic reaction not only did not depend upon the content of the interpretation, but in addition the interpretation did not even have to be correct—only skilful or brilliant.

*The second type of reaction* to a good interpretation is somewhat more closely connected with the content, although only in a very general way. So far as a good interpretation usually implies the exposure of some weakness, or what the patient considers such, it means what one might call a narcissistic blow, or merely descriptively speaking, a blow to the patient's self-esteem. The demands of these patients to be perfect, flawless, beyond reproach, are so excessive that everything that falls short of absolute admiration strikes them as humiliation. They feel humiliated, therefore, if one uncovers nothing more than the fact that they are in a dilemma, that they have certain anxieties, and that there are irrational elements in their expectations. They react as if they automatically translated the

analyst's reference to "anxiety" into "cowardice", "sensitivity" into "effeminacy", etc. In fact, they will tell the analyst that they understand him that way, if their reactions are discussed and if they are able to grasp them.

It has always hurt the patient to be dimly aware of flaws in his personality. But he feels humiliated if the analyst brings these flaws to his attention. As long as he is not aware of his reaction he can only express a vague resentment, such as feeling scolded by the analyst, or feeling a diminution in his self-esteem since the start of the analysis. But no matter whether the feeling of humiliation is closer to or farther from conscious awareness, the patient will instinctively retaliate by trying to humiliate the analyst. He may do so frankly, or subtly try to make the analyst feel insignificant, preposterous, and ineffectual.

This impulse to humiliate the analyst merges with the disparaging tendency in the first reaction. Both reactions arise on the basis of strong competitiveness: while the first reaction is a direct expression of rivalry, the second springs from the grandiose ideas and the need for admiration which is a later product of the excessive ambitions. The self-esteem of these persons rests on the shaky ground of (unconscious) grandiose illusions about their own uniqueness and therefore collapses like a card house at a light touch.

I proceed now to describe *the third reaction*: in so far as a good interpretation means the unravelling of a knot or the elucidating a problem from which the patient has suffered, it brings definite relief. This relief may be felt for so short a time that it scarcely figures in awareness. But it may be quite outspoken and definite, although always of short duration only. The essential point in this third reaction is, however, not the relief in itself, but the immeasurably swift realization that such a solution means a move towards recovery and success; the anticipation that more solutions of this kind will eventually lead out of the neurosis.

It is this realization and anticipation that is followed by a feeling of discouragement, hopelessness, despair, and the wish to terminate the analysis. In order to understand the dynamic



problem we must consider the further consequences of this particular kind of ambition, which as we have seen contains definite elements of hostility towards others. Success is equal to crushing others, and maliciously triumphing over the crushed adversaries, an attitude necessarily leading to a fear of retaliation with two aspects: a fear of success and a fear of failure. The fear of success might be phrased: "If I attain success I shall incur the same sort of rage and envy that I feel towards the success of other persons"; and the fear of failure: "If I make any move towards ambitious aims and fail, then others will crush me as I would like to crush them." Any possible failure, therefore, comes to connote a danger to be avoided at all costs.

The device to ward off this danger might be formulated: "I had better stay inconspicuously in a corner, or remain sick and inhibited." To express this more generally, there is a recoiling from all aims that involve competition. This is accomplished by a constant, accurately working process of automatic self-checking, with inhibitions as a result. Thus, one patient gave up painting when she married, although it was her sole satisfactory activity, because she was a better painter than her husband and she feared his envy. This same patient observed that when she spoke to a stupid person she automatically acted even more stupid; and that when she played with a bad musician she played worse than her partner. Any success these persons achieve, such as progressing in their studies or winning a game, is felt as a peril.

Dreams show this tendency very clearly and often reveal the conflicts quite early in the analysis. These patients dream of being defeated by a competitor, of incurring failures, or being humiliated. They do not even dare to dream of plain wish fulfilments or ambitions; even in dreams (as in life) they feel safer when they imagine that they are humble or defeated. After these patients have thoroughly recognized their fear of success, their dreams change in character.

This attitude entails an automatic curb on any progress. The self-checking process is not limited, however, to activities involving ambitions, but is expressed principally in an

undermining of self-confidence, the prerequisite for all accomplishment.

In this context their self-belittling operates to exclude them from competition. Women of this type will say, for instance, that they feel so utterly unattractive that it would be absurd for them to dress nicely, or that they feel utterly incapable and incompetent. While the fact that they are actively engaged in self-belittling is unconscious, they are aware of the results, namely, intense feelings of inconsequence or even of worthlessness.

As a result of these inhibiting forces failures ensue, which even if not complete, cause a discrepancy between accomplishment and potentialities, not to mention an even greater discrepancy between grandiose ideas and feelings of inferiority. A realization of this discrepancy is essential for an understanding of the vicious circle in which these persons are moving. To omit again the originating childhood factors, the circle looks much like the following diagram:

Anxiety-hostility

Ambitions { expression of hostility  
                  { defense against anxiety

Self-checking as defense

Inhibitions against success and failures

Real failures

Envy towards less inhibited or more fortunate  
persons=increase of hostility

Increase of anxiety.

Though the ambitions may not have been so fantastic and so hostile at the outset, these qualities grow and increase. This development in a vicious circle accounts for the intensity of the emotions with which we are now confronted.

Bearing in mind the ruthless energy with which persons of this structure must turn from any progress they make, we understand the third type of negative therapeutic reaction: progress means danger, so it must be averted. From this point of view *the negative therapeutic reaction is a special form of*



*the fear of success.* The discouragement and hopelessness which accompany it are apparently genuine feelings, arising from a deep-lying realization of being caught in a dilemma from which there is no escape.

This third reaction almost coincides with the factor Freud pointed out as the main source of the reaction, with the difference in emphasis that where Freud stresses feelings of guilt I have emphasized anxiety. The two feelings, however, are closely akin. In fact, in the cases I have in mind, sometimes one and sometimes the other is in the foreground. A second difference consists in my ascribing a special content to these feelings of guilt and anxiety, namely, hostility on the basis of rivalry.

Especially in those cases in which the guilt feelings are more in the foreground, there is a *fourth reaction* to a good interpretation: it is felt as an accusation. This reaction may be so strong as to dominate the picture for some time. More precisely, the interpretation is perceived as an unjust accusation, for the same reason given by Freud, namely, the sense of guilt is unconscious. The patient therefore feels constantly put on the defensive, so that the analysis resembles a trial. An interpretation, however kindly and considerately given, so far as it arouses a sense of guilt or merely proves the patients wrong in some respects, is reacted to as if it were a total condemnation, the intensity of which is proportional to the existing feelings of self-condemnation. The patients express this reaction by making a counterattack on the analyst: to prove him wrong by exaggerating his statements, by picking out some expression of the analyst's which was not altogether correct, by telling him directly or indirectly (for example by symptomatic doubts and anxieties) that he is keeping them from getting well or actually doing them harm.

To repeat: This reaction is in the foreground only in those cases in which the anxiety concerning the outside world is internalized to a particularly great extent.

*The fifth reaction* to a good interpretation concerns the patient's feeling of personal rejection on the part of the analyst,

due to an excessive need for affection and equally great sensitivity to any kind of rebuff. Seen from this angle the patient takes any uncovering of his difficulties as an expression of dislike or disdain by the analyst and reacts with strong antagonism.

Wilhelm Reich<sup>1</sup> has pointed out this factor as constituting the whole picture of the negative therapeutic reaction. I consider it a very important factor, indeed, but only one element among others, and one to be understood only on the basis of the whole character structure.

In the life history of these patients we find, generally speaking, that in childhood they endured an atmosphere lacking in all warmth and reliability but rife with frightening elements, such as fights between parents, injustice, cruelty, over-solicitousness, etc. The outcome was the engendering of hostility and anxiety. There are probably many ways of dealing with such a situation. The two most frequent in our culture seem to be the striving for power and the striving for affection, both representing a protection against anxiety—"If I have absolute power you cannot hurt me" and "If you love me you will not hurt me". These two strivings are, however, incompatible, for the ambitious striving contains a definite destructive element. This is in fact the main conflict in persons of the character structure under discussion.

Here I must make a reservation to a statement previously made, namely, that the attitude of hostile rivalry "necessarily" leads to fear of retaliation. Probably such a fear always will be present, although in varying degrees, but the simple fear of retaliation may function as a whip, driving the person on to gain more success and more power. What accounts for the recoiling from ambition, is an additional anxiety, namely, an ever-lurking fear of loss of affection. One might venture the guess that in those persons capable of factually pressing their "no one but I" ambition, the positive emotional relationships to others were earlier and more deeply disrupted. These people no longer believe in affection. The patients I have in mind, on the other hand, are continually wavering between

<sup>1</sup> Reich, Wilhelm: *Charakteranalyse*. 1933.



rivalry and affection. In the analytical situation one has an opportunity of seeing the interplay of these two sets of motives. A move towards competition with the analyst is followed by increased anxiety and need for affection. The feeling of being rebuffed by the analyst is followed by a renewed rivalry.

We may observe the same wavering in the patient's life history: for instance, being offered a position that implies leadership, recoiling from it out of fear, and then rushing into some love affair; or the other way around: being disappointed in a love relationship and suddenly developing a highflown ambitious attitude.

Why does the patient feel rebuffed so easily and react with such intense hostility to the rebuff?

These questions are easily answered if we have a full understanding of the implications of the patient's need for affection. We are accustomed to think and talk loosely of it as an "infantile" attitude, as a revival of the situation in which the child because of his helplessness needs help, affection, and attention from the mother. These infantile elements may be included in the excessive need for affection we see in neurotics, and may be expressed in dreams of longing for the mother, as well as otherwise. But there are elements in the neurotic need for affection—and these, dynamically, the essential ones—which make it a phenomenon entirely different from that existing in childhood.

Children certainly do need help and affection. But the healthy child, at least, is content with a reasonable amount of affection, or with the help it needs for the time being. The neurotic on the other hand, needs affection for quite a different reason, to reassure him against a double anxiety—anxiety concerning awareness and expression of his own hostility, and anxiety concerning retaliation from without. Because of his own repressed hostility he scents hostility—deceit, abuse, malice, rejection—in every move of the other person, as may be observed in his reactions to the analyst. The fact that he has to pay fees, for example, is a definite proof to him that the analyst wants only to abuse him. Even kindness may have only

the effect of strengthening his suspicions. The reassurance he requires is unconditional love; which means that the other person should have no gratification or advantage in the relationship, but offer him a complete sacrifice of all he loves or cherishes. The other should always be admiring and compliant, however the neurotic behaves. Needs of this kind will hardly ever be met, and the analytic situation certainly means their continued frustration.

These implications being clarified, we can now answer the above question: getting affection protects the patient against his own lurking hostility and fear; as soon as he feels frustrated or rejected in these protective needs his hostility springs up. On this basis it is to be understood that a good interpretation is bound to evoke hostility, implying as it does an acute frustration of the patient's excessive need for affection, so that he feels it to be a direct criticism and a direct rejection.

I shall now try to summarize the different points made here, disregarding detailed trends: It is inherent in the character structure concerned that intense hostility from various inter-related sources is easily provoked. It is provoked unavoidably in the analytical situation, particularly by good interpretations. This hostility turns against the analyst and in its entirety constitutes a definite impulse to annihilate the analyst's efforts.

On the other hand, growing out of the same conditions these patients have a definite dread of any move forward: progress, success, or recovery. One part of the patient definitely shrinks from recovery and prefers illness. Different as the two currents are, they coöperate, and this is what makes the negative therapeutic reaction so difficult to conquer.

The main difference in my concept of the negative therapeutic reaction from Freud's then would be: In those cases in which I can observe the negative reaction the hostility towards the analyst is no surface attitude, unessential by comparison with the patient's recoiling tendency. Both attitudes are, on the contrary, from the same sources, inseparably entangled, and of equal importance.



To deal adequately with the negative therapeutic reaction it is necessary in the first place to recognize it as such. This is not difficult in cases in which it comes out in rather dramatic form as described by Freud, or as I have presented it here. Yet even so, an inexperienced analyst may become uncertain and discouraged, without recognizing in a detached fashion that this is the very effect the patient designs to produce in him. The same forces in the same combinations may, however, operate in an insidious manner, skilfully masked in pseudo coöperation; on behind a recognition and admiration of the analyst, including calling attention to some superficial improvement made. There will, however, be a discrepancy between recognition plus gain in intellectual insight and the lack of proportionate changes in the patient's personality. As soon as the analyst notices such a discrepancy he must confront the patient with this problem.

If one recognizes the negative therapeutic reaction in its various manifestations one must agree with Freud that it is a frequent occurrence, perhaps, as Freud points out, a feature of every severe neurosis—to which I should like to add only: in our culture.

The technical principles applied are pretty much the same as those presented in a recent paper.<sup>1</sup> They are, roughly speaking, the same principles we all follow, namely, observing and uncovering carefully the emotional reactions of the patient to the analyst, with emphasis on two points:

1. As long as the negative reaction persists I select out of the material offered by the patient those parts which I can relate to his reaction to the analyst, and interpret those only.<sup>2</sup>
2. As long as the negative therapeutic reaction governs the picture I refrain from making any construction of the past nor do I make direct use of one offered by the patient. The reason lies in the fact that *the attitudes we see in the adult patient are*

<sup>1</sup> Horney, Karen: *Conceptions and Misconceptions of the Analytical Method*. J. of Nerv. and Ment. Disease, 1935.

<sup>2</sup> Wilhelm Reich has presented similar principles of character analysis.

*not direct repetitions or revivals of infantile attitudes, but have been changed in quality and quantity by the consequences which have developed out of the early experiences.* The "no one but I" ambition, for instance, is not a direct repetition of any infantile rivalry situation, nor is excessive craving for affection a simple repetition of the wish to be sheltered by the mother. Hence a direct interpretation in terms of the œdipus complex is of no avail in as much as it skips the intermediate steps of development, and therefore cannot resolve the vicious circle in which the patient is moving. The negative therapeutic reaction is—if at all—soluble only if the analyst persists in analyzing the immediate reactions in their immediate causations.

It is needless to say—and I say it only because misunderstandings have arisen—that this procedure does not mean that I attribute less importance to childhood experiences than any other analyst. These are of fundamental importance since they determine the direction of the individual's development. In fact, memories pertinent to the present situation do arise if the upper layers are carefully worked through, and do their share in helping understand the entire development.

If one persists in this way the negative therapeutic reaction can be overcome: to put it with more reserve—this has been my experience in cases of the described structure. This, of course, does not mean that we can cure all severe neuroses, but it means that the negative reaction as such does not imply a bad prognosis. The criteria for the therapeutic chances of a neurosis seem to lie in a series of factors and it would be desirable to get a more precise picture of the nature, weight and combination of these factors.



## THE PRINCIPLE OF MULTIPLE FUNCTION: OBSERVATIONS ON OVER-DETERMINATION

BY ROBERT WÄLDER (VIENNA)

The immediate occasion for the observations which follow is the new framing of the theory of anxiety which Freud has given in his book, *Inhibitions, Symptoms, and Anxiety*.<sup>1</sup> Formerly it was assumed that anxiety originated in the id as a direct result of excessive, unrelieved tension and that during this process the ego was somehow overtaken as a defenseless victim. This Freud now modifies by stating that in a situation of danger, that is, in a threat of oncoming excessive, unrelieved tension, the ego may anticipate the latter in the form of anxiety, and that this anticipation then becomes the immediate signal which tends to induce the organism to adjust itself so as to avoid the danger—for example, flight, or any other appropriate protective measure—and thereby anxiety fulfils a biological function. This conception was naturally not intended to upset or displace the older theory, nor did Freud intend to say that anxiety could be caused first in this and then in that manner. The conception is, rather, that both manifestations—anxiety overpowering the ego and anxiety as a signal through the ego serving a biological function—constitute two sides of one phenomenon. In other words, Freud describes the phenomenon both from the angle of the id and from that of the ego. This two-sided consideration gives rise to the presumption that the same method might be adopted and fundamentally applied to all psychic phenomena, and that a double or generally speaking multiple conception of each psychic action would not only be admissible but altogether necessary in the light of psychoanalysis.

Psychoanalysis includes in the id everything by which man appears to be impelled to function, all the inner tendencies which influence him, each *vis a tergo*. The ego, on the other hand, represents the considered direction of man, all purposeful

<sup>1</sup> Freud: *Hemmung, Symptom und Angst*. Ges. Schr. XI.

activity. When it is cold outside and I think of my gloves before I leave the house, I offer a typical everyday example of the working of the ego. Psychoanalysis, in so viewing the id and the ego, thus perceives man's being both impulsively driven and his being purposefully directed. This point of view has consciously and deliberately neglected the important problem, which of the two should be considered as primary and which as secondary; the fact has been ignored that it is important that psychoanalysis know both phenomena as well as the fact that being driven is the primary. The problems connected with this question are not within the scope of this paper and we shall limit ourselves from the outset to the statement that both phenomena are dealt with in psychoanalysis. The id is, so to speak, the continuation of that which the biologist knows as peripheral steering tendencies of living organisms, and the ego is the representative of the central steering in an organism. The scheme of processes in the id would then be, in short: instinct—instinctual expression; those of the ego, however, are: task—task-solving, or attempted solution respectively. The ego always faces problems and seeks to find their solution. Each of man's actions has in every case to pass through the ego and is thus an attempt to solve a problem. Even in the extreme case of an action carried out under the pressure of impulse which may seem at first to be driven purely by the instincts, the ego contributes its part; the imperatively appearing demand for satisfaction is that problem proposed to the ego, the resulting action is the means to the solution of that problem.

If it is correct to designate the scheme of the processes in the ego as the attempted solution of problems, then we must further ask ourselves what those problems are to whose solution the ego is consecrated, in which characteristic types respectively can the manifold content of these actual appearing problems be classified. Some will clearly be those coming to the ego from without, or those which are placed before the ego by factors foreign to it, as, for instance, in the example of the impulsive action of the instinct. How many of such possible problems exist can be gathered by realizing how many agencies the ego faces. There



is first the id, the world of the instincts which approaches the ego with its claims; then there is the outside world with its demands on the individual; there is, finally, in growing proportions from a certain time forward in the development of the individual, the superego with its commands and prohibitions. They all demand something and they all place the ego before the problem of finding ways and means to meet those demands, that is, the problem of finding attempted solutions. In addition, we would consider as a fourth problem that which imposes itself on the ego through the compulsion to repeat. Although it is customary in psychoanalysis to consider the compulsion to repeat as part of the id (its lowermost layer), it nevertheless seems to us propitious to distinguish between the claims of those impulses which require concrete gratification and the demands of the tendencies to repeat and continue former actions, even those which are unpleasant, or, more correctly, to distinguish between these two sides of the instinctive impulsion, without the intention in so doing to give a more far-reaching opinion concerning the status of the compulsion to repeat. If we are permitted to speak in this connection of the compulsion to repeat as of an agency of its own, the ego appears to be solicited by concrete problems from four directions: from the outside world, from the compulsion to repeat, from the id, and from the superego.

However, the rôle of the ego is not limited to this passivity alone. The situation is by no means so simple, the ego has more to do than merely to take orders and care for their execution. Rather, it develops toward the outer world, as well as toward the other agencies in man himself, its own peculiar activity. This activity may be characterized as striving to hold its own, and beyond this to assimilate in organic growth the outer world as well as the other agencies within the individual. This activity of the ego is first noticed in the ego's contact with the outer world. But it seems that also in its contact with the instinctual life there exists from the very beginning this trend to coördinate itself with its central steering—a fact which seems to be proven in that the ego experiences each excessive

*crescendo* of the instinctual forces as danger for itself and independently of any consequences menacing from the outside, a danger to be destroyed and its organization overwhelmed. Evidently, the ego has then also an active trend toward the instinctual life, a disposition to dominate or, more correctly, to incorporate it into its organization. The fact that there is a similar disposition of the ego towards the impulse to repeat, that the ego uses repetitions imposed on it by this deep-rooted disposition in order to overcome the menacing drives, has been emphasized by Freud from the very beginning when he introduced the concept of the compulsion to repeat.<sup>1</sup> In the real occurrence of the repetitions it is difficult to distinguish in how far the ego is subject to the compulsion from behind and in how far it uses it as a means to overcome the psychic experience; these two sides of the actual repetition can be separated only by abstraction. Furthermore, it would be fairly easy to illustrate by way of example that the ego also contains a similar tendency in its relationship to the superego.

The function of the ego is therefore not limited to finding attempted solutions for problems which are placed before it by the outer world, by the compulsion to repeat, by the id, by the superego, but in addition it assigns to *itself* definite problems, such as overcoming the other agencies or joining them to its organization by active assimilation. There are, then, eight problems whose solution is attempted by the ego: four of these are assigned to the ego and the other four the ego assigns to itself. Or, even, better there are eight *groups* of problems, since what we have termed as problems contains in each instance a *group* of problems. (For example, the problem of instinctual gratification assigned by the id naturally contains as many problems as there are instincts seeking gratification.) Thus, the occurrences within the ego can be described as distinct attempted solutions; man's ego is characterized through a number of specific methods of solution.

<sup>1</sup> Freud: *Jenseits des Lustprinzips*. Ges. Schr. VI, 202. (Trans. by C. J. M. Hubback, London, 1922); *Hemmung, Symptom und Angst*. Ges. Schr. XI, 110.



It appears now as if our psychic life were directed by a general principle which we may name the principle of multiple function. According to this principle no attempted solution of a problem is possible which is not of such a type that it does not at the same time, in some way or other, represent an attempted solution of *other* problems. Consequently, each psychic act can and must be conceived in every case as a simultaneous attempted solution of all eight problems, although it may be more successful as an attempted solution of one particular problem than of another.

In a consideration of this principle, it first occurs to us that it is fundamentally impossible that any sort of an attempted solution could answer to a like degree and with equal success all eight problems, for these problems are of inconsistent character. Above all, the problems of the first group which are assigned to the ego are at variance with those of the second which the ego assigns to itself. For instance, instinct gratification is at variance with instinct control, and fulfilment of the commands of the superego is in opposition to the assimilating victory over the superego. As a rule, there will be still other contrasts between the problems, as for instance between those of the id and those of the outer world or of the superego. And, finally, other possible variances are to be found within a problem group, as for instance when opposing impulses demand gratification, opposing superego demands occur in definite conflict rising against the claims of the not less contradictory outer world, etc. The whole complex of the problems whose solution is constantly attempted by the ego, is consequently inconsistent in three directions and a complete simultaneous solution of these eight problems is impossible. The character of each psychic act is thus proven to be a compromise, as psychoanalysis first discovered in the case of the neurotic symptom, which is a compromise between instinct and the defense against it. Perhaps this affords us a possible clue to the understanding of that sense of perpetual contradiction and feeling of dissatisfaction which, apart from neurosis, is common to all human beings.

It is thus fundamentally impossible for any psychic act to be to the same extent and with equal success an attempted solution for all and each of the several problems. If it is a necessary conclusion that under the principle of multiple function an attempted solution solves one problem with more success than the other, then we can understand the unique position of all psychic acts which approach such a far-reaching solution. This is in the first place true of the act of love if it is to combine completeness of physical gratification with a happy relationship. Fulfilment of the instinctual need, the deepest repetition impulse, a satisfaction of the demand of the superego, and the claims of reality are all contained therein as well as the redemption and the self-discovery of the ego in face of all those realities. It appears now that the unique importance of the act of love in the psychic household is to be understood as that psychic act which comes nearest to a complete solution of all the contradictory problems of the ego. Consequently, if each psychic act is in some way—no matter how imperfectly—an attempted solution of all other problems which are found in the ego, this is only possible because each psychic act is of multiple meaning. If perchance the work on a machine which in the first place is an attempted solution of the adjustment to the outer world, becomes even imperfectly an instinctual gratification, this is possible only because the work on the machine has in addition some other meaning. In other words: a multiple meaning corresponds to a multiple function.

These considerations bring us in close touch with one of the oldest and most familiar concepts of psychoanalysis—over-determination. It is over-determination which as one of the most fundamental concepts of psychoanalysis most clearly distinguishes it from other psychological schools. This concept was introduced into psychoanalysis, as a result of empirical observation, first as something accidental which might or perhaps might not exist in a world more or less replete with diversity. Where it appeared, over-determination was explained by the fact that a psychic trend alone was not yet equivalent to psychic effectiveness and that only the conjunc-



tion of several trends would, so to speak, exceed the boundary value of psychic effectiveness. It is clear that this conception has been built up in analogy to those of the older neurology and that it shows a logical difficulty: there can be a complete determination—natural science knows the concept of the necessary and adequate causes—and as long as one remains within the sphere of natural science, it is difficult to understand in how far an occurrence should be determined more than adequately. In mathematics over-determination is even nonsensical: a triangle is adequately determined by three determining components; it is over-determined by four, i.e., in general, impossible. In psychoanalysis over-determination meets further a practical difficulty: in psychoanalytical application, psychoanalytical hermeneutics, the introduction of the concept of over-determination yields neither a guiding point nor a boundary for the expected reconstructions; over-determination opens onto infinity, as it were, and there is no principle of psychoanalytical hermeneutics that can set down any sort of postulate as to how far over-determination reaches and when it may be considered exhausted.

The principle of multiple function is perhaps in a position to meet all these difficulties. It is free from faults in logic for it no longer affirms that a psychic act is determined beyond its own complete determination, but only that it must have more than one sense, that even if initiated as an attempted solution for one definite problem, it must also, at the same time and in some way, be an attempted solution for other specific problems. The whole phenomenon of the multiple function and of the multiple meaning of each psychic act, then, is not—in analogy to the older neurology—to be understood through any sort of conception of a summation of stimuli and threshold values, but—parallel to the concepts of newer neurology and biology—is to be understood as the expression of the collective function of the total organism. Since the organism always reacts in its entirety and since all these problems are constantly living within it, each attempted solution of a problem must be conjointly determined, modified and arranged through the

existence and the working of the other, until it can serve, even if imperfectly, as an attempted solution for all these problems and thus necessarily preserve its multiple meaning. There is nothing of the happen-chance in this procedure which may appear in one case and not in another; it naturally follows from the structure of the psychic organism. Finally, we have now a definite guide for psychoanalytic hermeneutics. The multiple meaning of a psychic act is clearly exhausted if it is interpreted as an attempted solution for all eight problems or, more correctly expressed, for the problems of all eight groups. The multiple meaning naturally has not ceased to be infinite, but there are certain directions marked out in this infinity. The valency which must be attributed to these various meanings is certainly not affected.

The principle of multiple function permits a series of applications of which only a few shall be outlined. In the first place, it explains pansexualism which has been made a basis for reproach to psychoanalysis, i.e., the propensity of psychoanalysis to look for a sexual meaning in all matters even when its realistic interpretation yielded a complete meaning. Inasmuch as each psychic act has a multiple function and therefore a multiple meaning and since one of these functions and meanings will refer to the problem of instinctual gratification (furthermore, the instinctual life of man is never entirely dormant), obviously everything that man does, all his purposeful action directed toward reality, must contain the elements of instinctual gratification. Thus, it is essential for psychoanalysis that it should in addition attribute a particular rôle to the drive for instinctual gratification and consider it, as a rule, the motor of what occurs. This second trait of psychoanalysis, as also the question of primary existence, will not be considered here; it follows from the principle of multiple function why it is admissible and proper to explain each phenomenon according to its sexual content.

The principle explains also the importance of sexuality for character development. Character is very largely determined



through specific solution methods which are peculiar to each individual and which remain relatively constant during the course of time. However, in accordance with the principle of multiple function, these methods of solution must be so formed that they represent also a gratification for the dominant instincts of this person. If now the instinctual life is considered chronologically the prior and dynamically the more powerful in the whole structure, it follows that the dominant instincts influence the selection with regard to the choice of methods of solution possible for the given individual. In other words, the principle of multiple function proves the importance of instinctual life in the process of character formation. This subject will be further discussed when we consider the problem of psychoanalytical characterology.

The specific reactions to love and work in an individual manifest themselves as the expression of the principle of multiple function. They mean that a person is successful in loving or working (that is, in solving the respective problems) only when other specific impulses are thereby simultaneously gratified. From this one gains insight into such phenomena as anti-cathexis, reaction-formations, sublimation. Sublimations, for example, can definitely be termed such successful solutions of the problem of adaptation to the outer world or of mastering the outer world, as simultaneously and in accordance with another meaning which they carry, they represent successful gratifications of strong impulses. Through this principle it is further understandable that the orgasmic experience of the psychically abundant, diversified person can be much more intense and of quite another quality than the orgasmic experience of the less abundant and more superficial individual. For in the case of the more abundant individual who has in himself a more diversified set of problems, many more meanings converge at the time of the orgasm in the happy love relationship, and the act can represent a simultaneous solution in several trends. In the light of this principle, it would seem that psychoanalysis is a kind of polyphonic theory of the psychic

life in which each act is a chord, and in which there is consonance and dissonance.<sup>1</sup>

Above all, the principle seems to throw a certain light on three problems, on the problem of neurosis, that of character, and that of clinical manifestations. Neurosis in psychoanalysis was originally conceived as a compromise between two trends; thereby it was subject to at least two functions and meanings. Generalized, one may say that neurosis, as all other psychic phenomena, is a simultaneous attempted solution for every type of problem in the ego, and that it has accordingly the same abundance of meanings as corresponds to the contemporary psychoanalytical concept of the neurosis. A number of theories on neurosis have been formed with psychoanalysis alone or partially as basis. The first and simplest is that conceived by Adler, which sees in the neurosis merely the solution of one of the eight problems—the solution of the problem of how to master the outer world.<sup>2</sup> Since there are eight problems, eight such theories are obviously possible, each of which reflects only one side of the neurosis. Those theories which place the neurosis on two foundations go a step farther. They consider it the simultaneous solution of two problems—as for instance, instinctual gratification and punishment. A simple contemplation reveals that twenty-eight such theories are possible if one views these traits as having an equal right in the neurosis. A further

<sup>1</sup> Accordingly, those phenomena are also embraced in this principle which must be ascribed to the "synthetic function of the ego". What impresses one as its characteristic synthetic function is that each act in the ego has a multiple function.

<sup>2</sup> It is understood, of course, that this is not the whole difference between psychoanalysis and individual psychology. For quite apart from the fact that psychoanalysis takes multiple motivation into consideration, it does not place equal value on each of the multiple meanings. In psychoanalysis the instinctual is sometimes considered as primary, while in individual psychology it is the being directed which is considered as primary and the instinctual life is seen as an expression of this being directed. This question, which can be called one of ontological primacy, will not be considered in this paper. It forms the central point of another work by the author which appeared in the *Verhandlungen der Internationalen Gesellschaft für angewandte Psychologie und Psychopathologie*, edited by C. Bonhoeffer and published by Karger in Berlin.



amplification might be effected if one feature were subordinated to the other; for instance, punishment for the sake of instinctual gratification (incidentally, this last formula follows the theory of Alexander). A reverse subordination might also be visualized. If one were to unearth such possible theories—theories which view the neurosis as the simultaneous solution of three or more problems—and in addition to consider the possibility of subordinating one problem to the other, the number of such theories of the neurosis would reach many tens of thousands. The value of these conceptions—as for instance Alexander's—would not be affected thereby. We may voice the expectation that these theories will not all be developed, for the principle of multiple function includes them all, leaving the study of the distribution of the valencies and of the various forces to which they are subjected to the investigation of specific clinical conditions or perhaps to the special theory of neuroses.

Then, too, certain statements can be made concerning the possibilities of a psychoanalytic characterology. The character of a person, as has already been mentioned, is determined through specific methods of solution in typical situations, which methods the person retains permanently (through the nature of his preferred attempted solutions). Thus expressed, it would seem at first glance that the character had no immediate connection with the instinctual life or the superego, for instinctual life and superego determine the *content* of problem groups, not the specific methods of solution which, *for* these problems, are selected by the ego. In the presence of any kind of instinctual disposition and for the purpose of its gratification, a great number of attempted solutions and accordingly a great many character types would be possible. On the other hand, however, this is opposed by the psychoanalytic experience that certain instinctual constitutions are accompanied by certain types of character, perhaps not with inevitable regularity but with a proven frequency. It is at this point that the principle of multiple function asserts itself. According to this principle the specific methods of solution for the various problems in the ego must always be so chosen that they, whatever may be their

immediate objective, carry with them at the same time gratification of the instincts. However, in the face of the dynamic strength of human instinctual life this means that the instincts play the part of choosing among the possible methods of solution in such a way that preferably those attempted solutions which also represent gratification of the dominant impulses will appear and maintain themselves.

This relation between a preferred attempted solution and the instinctual life may be illustrated by two simple examples. The first is the relation of oral impulse presentation and identification, made familiar to psychoanalysis primarily through Abraham's works. Identification is an attempted solution in a definite problem situation. It may be termed a character trait when a person in a certain situation of instinct, of superego demands, and of difficulties with the outer world, regularly finds the way out into identification as his specific method of solution in a diversified situation. Now we know that this propensity toward identification is developed particularly in the case of the oral character and we understand this factual association without further explanation. From the various methods of solution which are possible in the same diversified problem situations, the method represented by identification will be chosen preponderantly by persons in whom exist strong oral drives. This for the reason that in addition to everything else for which it is an attempted solution, identification realizes the gratification of those very oral impulse dispositions. Therefore in this case the oral impulse operates in a selective way—which is shown by the fact that among the possible methods of solution always those materialize which gratify the oral desires. A similar relation seems to exist between the disposition to passive homosexuality and the solution method of paranoid projection. In a situation of conflict each method of solution which perceives an experience as coming from the outside and itself passively surrendering to these outside forces, is an attempted solution for certain problems, is gratification of love and hate relationships, defense reaction, and others such. Moreover, the attempted solution (the projection) is itself a



gratification of the passive homosexual impulse tendency. This perhaps renders understandable why this mechanism (that is, attempted solution) of the paranoid projection appears even exclusively or preferably in the case of passive homosexual impulse disposition—which is to say that perhaps thereby the association of homosexuality and paranoia, for the time being purely empirical, becomes understandable.<sup>1</sup>

Let us turn back now to psychoanalytic characterology. We have seen that the right to set up character types according to the dominant impulses (for instance, to speak of anal, oral, or genital character) rests in the fact that according to the principle of multiple function the preferred methods of solution must be of such quality that as such (that is, as methods of solution according to the meaning of the act) they simultaneously represent gratification of dominant instincts, and that the person with a marked dominant impulse preferably inclines toward a certain method of solution. Here the word *inclines* must be emphasized, for on account of the enormous complexity of the problems constantly operating in the ego, the function involved cannot be one of exclusive validity. Also, in the case of an oral character, we naturally find other methods of solution than identification, the relationship between dominant impulses and preferred methods of solution being but one of a statistic frequency. However, for a future psychoanalytical characterology this carries with it the consequence that these methods cannot be linear but must be at least two-dimensional according to the dominant impulses and specific methods of solution, between which, of course, certain statistical relations will exist.

The examples mentioned, in which a method of solution (i.e., a certain element of form in the psychic life) is associated with dominant drives (i.e., contents) finally lead to the third phenomenon to which our principle opens up an approach: to the problem of form. This is just the problem which does not appear accessible from the psychoanalytical point of view which

<sup>1</sup> These explanations apply to masculine paranoiacs and are not to be transferred to the apparently fundamental complicated associations in women.

deals primarily with the psychology of ideational content. However, the principle of multiple function shows us that the forms of reactions appearing in the ego cannot be independent of the contents for they must be so constituted that according to their signification they appear at the same time also as attempted solutions of the content problems, as for instance instinctual gratifications. Thus, in one of the above examples, the settlement of certain conflicts of content through their projection—the specific paranoid mechanism—is doubtlessly something formal in the psychic life, and yet this form is not independent of the content (in the case of this example, of the instinctual life) because this form preferably appears in the case of an instinctual constellation which can also be satisfied through it or through its meaning. Hence it can be said that according to the principle of multiple function the content of the psychic life, above all of the instinctual life, has its importance for the choice of the forms of solution—briefly, for the form—and what possibilities there are in the treatment of formal problems in psychoanalysis is shown. One need not mention particularly that the problem of form in the psychic is in no way exhausted with the aforesaid.

The principle of multiple function may have its part, too, in social psychology. It implies the consideration of typically social phenomena in multiple function, that is, an historic movement with regard to its economic side (adjustment to the outer world or overcoming the outer world) with allowance for instinctual gratification, collective ideals, etc.

Finally, we may look for the operation of this principle even in dream life; the dream is the sphere wherein over-determination was originally discovered. Nevertheless, the general character of dreams remains the reduction of the psychic experience as well in relation to its content (receding of the superego and of the active problems of the ego) as in relation to the way of working (substitution of the manner of working of the unconscious for the manner of working of the conscious in attempted solutions) and finally in the chronological sense (receding of the actual in favor of the past). In consideration of all these reduc-



tion or regression developments which mean a change in the problems and a reversion in the specific methods of solution from the manner of working of the conscious to the manner of working of the unconscious, the dream phenomena can also be explained through the principle of multiple function. Every occurrence in the dream appears then likewise in eightfold function or clearly in eight groups of meaning. The distinction of the dream is characterized only through the change or the shifting of the problems and through the relapse in the manner of working.

The question may now be asked, in what various ways is there a progressive development or change in the psychic life to which an individual is subject and which types of such change can be distinguished. Since each psychic act is at the same time an attempted solution of different problems, the psychic act necessarily changes itself when the problems change. Thus there is change or development on the basis of change or development of the instinctual life, of the outer world, or of the superego. Hence, through the biologically predetermined development of the instinctual life other problems will approach the ego in puberty than in the period before puberty, and accordingly change all happenings in the ego, all attempted solutions. The changing of the outer world places the individual at times before changed problems. We can also speak of a development of the superego. The superego itself originated as an attempted solution in a situation of conflict, then becoming constantly more and more independent, it had its own development. These possibilities are covered by the statement that psychic problems change their content; it could be amplified by saying that problems actively assigned by the ego itself have a progressive development as far as their content is concerned. Furthermore, we have the development of the *methods* of solution with two points to be distinguished; the development of the manner of working from the primitive-archaic to other forms, such as from the manner of working of the unconscious to the manner of working of the conscious, or from the magical thinking and experiencing of a

certain childish stage to the thinking of the adult; then, the development of the methods of solution peculiar to the individual—which development constitutes that of the character and of the ego in the narrower sense. Finally, to be added as a further ground of development, we have the fact that each attempted solution issuing from the ego already carries within itself the tendency to its destruction, for scarcely is it fixed than it no longer constitutes a solution. Through each act the world is changed in all its elements; for instance, the outer world is changed generally, and something in the instincts is changed by what this act contains in the way of gratification or denial, and so on. To use a crude example: he who takes up a calling as an attempted solution of a situation of outer world claims, instinctual pressure, superego demands, and pressure of the compulsion to repeat, also as an attempt to master the compulsion to repeat, the drive of the instincts, the inner commands and the outer world claims, that person has through this exercise of calling created a new piece of reality; now a new outer world is there which sets up claims and which the ego tries to master, the new situation must change something in the desires emanating from the instincts, certain superego demands perhaps recede while others advance, etc. In short, through the attempted solution itself everything is changed, so that now new problems approach the ego and the attempted solution fundamentally is such no more. Thus in addition to the change of the various problem-assigning agencies, as for instance of instinctual life, and in addition to the development of the *methods* of solution, we may consider as a basis for the psychic development the property inherent in each attempted solution to cease being such with its fixation.

We see accordingly that an aspect of enormous many-sidedness of motivation and meaning of psychic occurrences results from psychoanalysis. Freud, in distinction from the other psychological schools, has from the very beginning founded the psychoanalytical way of thinking on the importance of the *vis a tergo* and the dependencies of the ego, and on the other hand



has warned against the exaggeration of that point of view and also clearly rejected a demonological theory of psychic life.<sup>1</sup> The diversity of these associations may make it advisable to adopt a certain caution regarding premature simplification.

The conceptions of id, ego, and superego have not been used in this article in the sense of sharply distinguished parts of the personality. Rather does the application of our principle show that these elements are to be conceived as different factors evidenced in each psychic act of the adult human. The individual actions and fantasies have each their ego, their id, and their superego phase, as well as a phase conforming to the compulsion to repeat. According to this principle an eight-sided aspect can be demonstrated.

Finally, we may add some few remarks of an anthropological nature. It will seem to us as if these three elements of psychoanalysis—the phases of the psychic experience—correspond at the same time to stages in the organic life. The instinctual urge probably appears in all organic life. The ego, or something morphologically similar, appears where there is a central steering in the organism—which apparently corresponds to the severance of the individual from the botanical associations and the zoölogical individualization, but which may perhaps be attained only with the appearance of the central nervous system. The superego is the domain of the human being; it is that element through which man in his experience steps beyond himself and looks at himself as the object—be it in a way aggressively penalizing, tenderly cherishing, or dispassionately neutral—as, for instance, in the case of self-observation and the ability of abstracting one's self from one's own point of view.

Here belongs the ability to see a garden as a garden regardless of the place of observation, or the ability not only to experience the world in its momentary instinctual and interest phases but also to recognize that the individual is independent of his own ego and that this independence outlives his own ego. In this sense it is a function of the superego when man as the only

<sup>1</sup> Freud: *Hemmung, Symptom und Angst*. Ges. Schr. XI, 32.

living entity makes his will. The thesis that it is in his possession of the superego that man is distinguished from animal is proven by everything we know of animal psychology. Unfortunately, this subject cannot be further discussed within the scope of our present article. There is always the possibility of transcending the instinct and interest foundation in a given situation, of stepping beyond thinking, experiencing, acting—in short, of placing one's self in the realm of the superego. If this be true, it would seem that by Freud's choice of elements we have found the stages of everything organic: organic life itself, the central steering of the organism after the individuation of organic life, and finally man's reaching beyond himself. Perhaps the principle of multiple function in man's psychology is paralleled by a similar principle in animal life, though naturally with a lesser diversity on account of the poorer problem situation.

*Translated by* MARJORIE HAEBERLIN MILDE



## TWO CASES OF FETISHISM

BY EDUARD KRONENGOLD *and* RICHARD STERBA (VIENNA)

Fenichel has emphasized the closeness of the relationship between fetishism and transvestitism in his paper on *The Psychology of Transvestitism*<sup>1</sup>. In both conditions there is an overvaluation of woman's clothing, and both perversions are founded upon an adherence to the idea of the phallic woman.

It is Fenichel's opinion that the transvestite differs from the fetishist in that he makes an additional identification with the woman, expressed in wearing feminine apparel in order to reduplicate the phallic nature of the woman. In the first instance, the transvestite is a woman with a penis under his clothes, in the second place the woman's clothing carries a phallic significance as a fetish, and is used for exhibitionistic purposes in this sense. The material here to be presented deals with two cases of fetishism which seem to show that Fenichel's formula, which he regards as a specific one for transvestitism, can also be extended to cover certain types of fetishism. The discussion of the specificity of the definitions of the two perversions will be postponed until after presentation of the material.

Case S. (analyzed by Sterba) was a man of thirty, in the employ of a bank, who came to analysis because of a feeling of general embarrassment. In the first analytic hour he confessed that his embarrassment was intimately connected with his sexual secret: he was "both sexes". By this odd term he wished to express this: that his sexual object was a rubber apron. He stole these rubber aprons from laundresses or fishwives, and the stealing itself was a necessary prerequisite for the satisfaction of his perverse gratification. When he was naked he took his fetish, spread it out on the bed or on the floor, sat on it, drew one corner up between his legs, like a

<sup>1</sup> *Int. Ztschr. f. Ps.* XVI.

diaper, so that it was firmly pressed against his genitalia, and then had an orgasm. After his orgasm, he was beset by a strong sense of guilt and by hatred against the fetish which he often threw away, only to fetch it back now and then when he needed it. The patient's sexual activity was completely spent in this fetishistic act. His shyness had never permitted him to approach women, but they figured in his fantasies as love objects, and there was a strong and therapeutically useful tendency toward normal sexual contacts with women.

The interest in the piece of rubber began in his early childhood, in fact, in his fourth year. Soon after birth the patient was taken away from his mother, who was a servant girl and could not keep her illegitimate child with her. Until he was seven he lived with foster-parents whom he loved very much. He was particularly attached to the foster-mother. He was then boarded in a place in which he was not well cared for and where he was made very unhappy by the sternness and hard-heartedness of the woman. Half a year later an aunt took him to live in her home, where he stayed until he entered analysis. This aunt was an unfriendly, quarrelsome, stingy person who shrank from sex. He constantly strove to leave her but was nevertheless inwardly bound to her.

When he was four years old his beloved foster-mother had a baby, a girl. Now he often had the opportunity to see the child changed, and on these occasions a rubber sheet was used. Soon the smell of the rubber excited him, and he began to notice pleasurable sexual sensations when he smelled or touched the rubber. It was during the latency period that he first purloined a rubber cloth in the house and brought it into contact with his genitalia in order to obtain sexual pleasure, so that he developed his perverse practice very early. He continued with this fetishistic practice until puberty, when orgasmic emissions became connected with this sexual act, with which feelings of guilt were associated from the very beginning.

Because of external circumstances it was impossible to prolong the analysis until the deepest layers had been worked



through, but enough material was available to cure his fetishism. During the same period when the little girl suddenly appeared in the home of his foster-parents and he had ample opportunity to observe her penislessness, it happened that he was frequently sent to church by his Catholic foster-parents. There the crucified Christ began to awaken his lively interest and to excite him sexually. He thought that the Velum Christi was wrapped about the loins of Christ to arouse voluptuous feelings, just as he later acted it out with the rubber sheet. Also, the smoothly painted surface of the velum of the wooden statues reminded him of rubber. Consequently he acquired his fetishism by means of an identification with the crucified Saviour.

But his fantasies about the crucifixion were founded upon observations of parental intercourse which he had interpreted sadistically: the menstruation of his foster-mother confirmed him in the belief that the penis was taken away from the woman during the sexual act and that a bleeding wound resulted. The crucified Christ represented to him the woman masochistically suffering and bleeding during the sexual act. However, the veiling cloth (*Schamtuch*) over the genitalia had to him the meaning of that which is covered up, the genital (*Schamteil*), the penis. In this way his fetishistic act constituted an excellent denial and contradiction of the penislessness of the woman which caused him so much fear and anxiety.

The first part of his perversion indicated the true circumstances: when he stole the rubber apron from women, a truly active procedure, it signified "the man robs the woman of her penis". This meaning was refuted in the second part of his activity, in which he passively carried out the real perverse act with which sexual pleasure was connected: the woman *retains* the thing between her legs, the penis, even in the masochistically conceived passive situation of intercourse. For during the fetishistic act he was himself the woman in the passive masochistic situation, but on the one hand he had not only his own penis, of which he was particularly aware because of the pressure upon it, but also the fantasied one, the velum—

the rubber cloth. A dream showed the phallic significance of this fetish in an impressive manner: "I pull an elongated object larger than my finger out of an old box<sup>1</sup>. It gets bigger. I put it on the floor. It turns into a rubber cloth. I sit on it and have a pollution." The box was really a tin can and reminded him of an old alarm clock belonging to his aunt. The alarm clock had only one leg instead of two because the other one had been broken off. It soon became evident to him that the old box stood for his aunt who, moreover, had severe rheumatism in her one leg and limped (the one leg of the alarm clock is missing). In this dream it is clear that his fetish signifies the penis of the woman. His fetishistic act, which shows him masochistically identified with the woman, makes sexual satisfaction without anxiety possible for him, since he demonstrably retains his penis even in this passive feminine situation. In this connection it is unnecessary to discuss the anal determinants of his fetish (the smell of the rubber; being swaddled when dirty).

The second case K. (analyzed by Kronengold) concerns a twenty-four year old student, who came to analysis because of compulsive masturbation and an aversion for women. He preferred the company of men and became sexually excited whenever he saw them roughhousing.

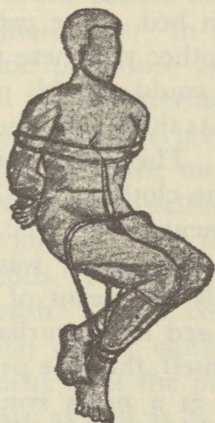
His masturbation was dependent upon certain conditions: he fettered his ankles together with a rope which he then passed up between his thighs, beside his penis, and up to the nates. Frequently he also bound his arms and hands (see illustration, a copy of the patient's drawing). By stretching his legs he exerted pressure on his penis by means of the rope, and achieved an orgasm. The force necessary to pull on the rope was so great that welts were raised on the body. He usually masturbated in front of a mirror, nude, except for his carefully polished shoes. He powdered and rouged his face, and spread a handkerchief over his penis. A modification consisted of hanging by a strap from the hinge of a door, bound, and head downward, and then gaining satisfaction by pressing

<sup>1</sup> "*Alte Schachtel*"=old maid.



his penis against the door. Although he repeatedly tried to dispose of the ropes and straps he would then steal new ones from his mother. He wanted to spend his feelings of guilt by frequent churchgoing and confessions, but at the sight of the young men who assisted the priest he became sexually excited and had to avoid the church, plagued by pangs of conscience.

He was the only member of his family who was devout, and he became so at the age of ten. He built an altar at home, dressed up as a priest by tying covers about his body, and chose



a younger cousin as ministrant. During puberty he bound up the same cousin, and gained sexual satisfaction by pressing his penis against him while they were scuffling. He made his first attempt at fettering upon his brother, who was four and a half years younger. The patient had been very much fixed upon his mother, and the birth of his brother was a severe trauma. Thereafter he refused to sleep in his own bed. He slept with the mother, beside the brother, helped her take care of him, and even adopted her pet names for the child. Later he showed a lively interest in sewing and crocheting, and played with dolls like a girl.

He preferred to go to those churches where the priests wore the cingulum in plain sight. In a dream, old women took the place of the priests who were celebrating high mass. The

women were naked and carried spittoons in their hands instead of chalices.

Although the analysis could not be completed in this case either, it nevertheless yielded material that makes his perversion comprehensible. He identified himself with his mother as a defense against the threat of losing her when his brother was born. In this way the mother swaddling the child was regarded as phallic, and the swaddling itself was conceived as a castration of the brother, which complied with the patient's hatred of the newcomer. In a dream pertaining to this situation the younger brother was in bed. The patient would have liked to fetter him. The mother was there too and he wanted her to go away so that he could put his penis into the hole his brother had in front. As this dream shows, priests represented phallic women to him. The patient himself designated them as "women in masculine clothing". The penis was not only hidden under the vestment (he covered the penis with a cloth during the masturbatory act) but was coincidentally represented exhibitionistically by means of the cingulum, substituted for by the rope used in masturbation. In the drawing made by the patient himself, the rope passing over his genitalia is clearly recognizable as a penis symbol. This narcissistic identification with the phallic mother covers the underlying masochistic identification with the suffering mother. In corresponding coitus fantasies the woman was crushed to death. The blood stains he saw in his mother's bed he equated with his own diarrhoea. He participated in the suffering of the woman in childbirth in the fantasies underlying the perverse act<sup>1</sup>. In a dream the mother was carrying a knapsack on her back. It was hard for her to carry<sup>2</sup> because she only had one strap on. A second dream during the same night signified: "I am in my analytic hour. My loose front incisor is to be replaced by a firm tooth." The patient succeeds in satisfying

<sup>1</sup> The German word *entbinden* has the double meaning of "giving birth" and "unfettering" (loosening of bonds). In this sense the unfettering represents delivery symbolically.—TRANSLATOR'S NOTE.

<sup>2</sup> *Tragen*=be pregnant.



his masochistic wish by fettering himself, but in the process he demonstrably keeps the penis.

In both cases there is a question of a fetishistic perversion. The fetishistic act, even if superficially viewed, is in these cases a passive feminine, outspokenly masochistic experience. In the case of S there is a distinct identification with the foster-sister whose rubber sheet became his first fetishistic object. This identification is intensified by the Christ fantasy in which the velum corresponds to the fetish, but the suffering Saviour represents the mother as the passive partner in his sado-masochistic conception of intercourse. In K's case the superficial picture of the fetishistic procedure already demonstrates its masochistic character. The fettering which leaves welts behind, is open to no other interpretation. Here, too, we observe the identification with the mother who suffers masochistically during intercourse, as is clearly shown by the dream of the mother with the knapsack, and the subsequent dream in which he is to lose a tooth. Freud has pointed out the phallic significance of the fetish<sup>1</sup>. It is clear in both cases. In case S, by the equation rubber cloth=velum, in which the veiling cloth (*Schamtuch*) takes the place of that which is to be covered up, the penis; as well as by the dream which shows the development of the fetish from the penis-like structure which falls out of the box=aunt. This dream also makes it evident that it is the woman's penis which becomes the fetish. In the case of K the phallic significance is apparent in the fetish itself. The cingulum of the priests, that knotted rope which ordained priests wear over their habit and secular priests under it, with the two ends hanging down from the middle of the body, leaves no doubt of its genital symbolism. Indeed Catholic priests are often devaluated as men and turned into women by the unconscious, because of their symbolic attributes such as celibacy, the tonsure, and their womanish skirt-like garments. The patient K consciously thought of them as women, but the cingulum gave them the value of *phallic*

<sup>1</sup> *Fetishismus*. Ges. Schr. XI.

women. In both cases this identification with the woman who suffers masochistically during the sexual act, but nevertheless obviously keeps her penis, serves the purpose of *denying the penislessness of the woman*.

In the theoretical sphere, the analytic findings in the two cases of fetishism entirely comply with the formula for transvestitism proposed by Fenichel. The fetishistic act has the significance of an identification with a woman who keeps her penis despite her masochistic rôle. In both cases, the penis was twice represented in the manner which Fenichel considered specific for transvestitism. On the one hand, the penis is particularly felt in the fetishistic act of pressing the fetish against the genital region, so that its existence is clearly proven to the possessor; on the other hand, the fetish, which becomes connected with the body during the act, itself represents a penis. It has frequently been observed elsewhere that, as in this instance, duplication serves the purpose of a vigorous denial of a deficiency. In both of the cases the same formula may be applied which Fenichel has adopted for transvestitism, but the patients are, nevertheless, pure fetishists without a transvestitic component. Therefore, we believe that Fenichel's formula concerning the denial of the penisless condition of the woman by means of a reduplicated emphasis of her penis should not be confined to transvestitism, but should be extended to include cases of masochistic fetishism like ours, in which the person acts out on himself an identification with the woman, using an attribute of phallic significance (clothing, fetish) for this purpose.

*Translated by* BETTINA WARBURG



## EGO DANGERS AND EPILEPSY

BY MARGARET RIBBLE (NEW YORK)

Among the "danger situations" in the life of human beings which predispose to neurosis Freud calls attention to the factor of prolonged and helpless infancy<sup>1</sup>. The human young is perhaps of all newborn mammals the most passive and the poorest organized. Without adequate care and stimulation he will die. He cannot deal with the multiplicity of stimuli coming from the environment nor can he relieve the physiological tensions arising within his body. The natural counterpart to this helplessness is of course the mother who, when she is healthy, knows and supplies the infant's needs so adequately that no danger situation arises. This "mothering" not only continues the functions of the uterus and placenta but actively stimulates the sensory-motor-perceptive faculties of the child so that the ego becomes gradually organized to preserve itself and the libidinal instincts are directed toward the first love object.

What happens, however, when the mothering is done by a deeply neurotic woman, when the core of her neurosis is the conflict over being feminine, and this conflict has been revived to new intensity by the function of motherhood?

The case material in this paper from the analysis of an eleven-year-old boy with petit mal deals with such a situation. This child suffered from hunger from the day of his birth. His mother, an intelligent but neurotic woman, decided to nurse him (much against her own wishes) because her physician had advised it. For seven months she followed with compulsive rigidity a schedule of breast feeding. The child failed to gain weight and she saw that her breast milk was not sufficient, but she was unable to make any intelligent move to supplement it. A veritable Tantalus situation arose. The baby was unable to satisfy himself from the breast, which was repeatedly offered

<sup>1</sup> *Hemmung, Symptom und Angst*. Ges. Schriften XI. P. 96.

him, and his earliest contacts with his mother were indelibly associated with painful frustration. Out of this very early eating difficulty seems to have emerged a grave disorder of libido organization and a weakened ego, which when frustrated becomes seriously disorganized.

One question of particular interest in the case is the relationship between the early traumatic feeding situation and the subsequent development of petit mal. The material is incomplete, for the analysis was unavoidably interrupted at the end of four months, but it is not devoid of suggestions.

Fritz was referred for analytic help from one of the advisory clinics of Aichhorn in Vienna. His mother, who brought him, stated that for the last six months he had been having attacks of unconsciousness which she described as follows: when he had nothing definite to do, or when he was not allowed to do something he wished to do she would notice a dazed look in his eyes, the lids would fall shut, and his head would jerk backwards very slightly once or twice. If she spoke to him he would not answer, and afterwards when she asked him what was the matter, he did not seem to know that anything had happened. Several times at the beginning he had wet himself, but this did not continue, and at no time had he bitten his tongue or had convulsions. He never fell nor dropped anything during the attack.

The child had been examined several times at the neurological clinic and no positive findings were reported. The question was raised as to whether the case might be one of hysteria.

On closer interrogation, and from the weekly conferences held with the mother during the analysis, the following history was elicited. The child had always been a problem. From the day of his birth he had not eaten properly; when put to the breast, he would suck vigorously for a few minutes and then fall into a deep sleep. The mother would rouse him with great difficulty and coax him to nurse again and the same thing would be repeated. For an hour this would continue, then she would put him to bed. Shortly thereafter he would wake



up screaming so loudly that the neighbors often called over to know what was the matter with the baby. This she felt to be an unbearable criticism of herself, so she would attempt again to nurse him or would walk the floor with him to keep him quiet. In fact she did everything but feed him. The entire first year of the child's life she scarcely left her home for fear she would be accused of neglecting him. Only at night did she get any rest, for after the first few weeks the baby slept through the night. This also worried her, and during the night she would often go and look at him to be sure that he was alive. When the baby was seven months old, with a feeling of great relief she weaned him, expecting that he would drink ravenously from the bottle. However, exactly the same sort of behavior continued. The child would drink only about two ounces and then fall asleep. This reaction to food has continued through the eleven years of the child's life. He ate a small quantity of food at a time, no matter how much he liked the food, or how hungry he seemed to be; and if he was disappointed or disturbed about something he would refuse to eat unless his mother coaxed him or, in the end, fed him with a spoon—which she often did, even in his eleventh year. If she refused he would take his plate and throw the contents in the stove.

In regard to bowel and bladder control there was also serious difficulty. He wet and soiled himself until he was five years old. The mother insisted that she did not punish him for this but tried to explain that it was not nice to be dirty. The child would promise to reform, but in a short time he would call her and tell her that he was wet. If she showed displeasure he would punish himself by going and standing himself in a corner. He never learned to be tidy. He spilled his food, never put his toys away, and never hung up his clothes. In short he was not able to coöperate with his mother in any way, but at the same time was very much afraid of her displeasure. He learned to walk early, approximately at nine months, and seemed to get the greatest pleasure out of climbing and all motor activities.

That the boy masturbated the mother vigorously denied even after repeated assurance of its harmlessness. She related, however, that when he was four years old he had the habit of sleeping on his stomach and "he must have rubbed his penis on the bed", for it became swollen and inflamed so that the foreskin could not be retracted. A doctor was called and hot and cold applications were made until the swelling had subsided. The doctor advised circumcision, and this operation was discussed at some length by the parents in the presence of the child. When finally arrangements were made and the boy was taken to the surgical clinic he could not be persuaded to let the doctor examine him and nothing was done. Since that time it has been impossible to get him to go to the dentist, though his teeth are in such poor condition that he can scarcely chew.

Fritz entered public school at the age of six and was promoted each year with his class. His great delight was in the gymnastic class where he took part in the roughest games, against the advice of the director, who felt that he was much too frail. In his tenth year he began to be inattentive in class and failed in arithmetic and language. The teacher, getting the impression that he was lazy and was falling asleep in class, consulted the father to ask permission to "whale the laziness out of the boy". The father agreed that this was perhaps the way to handle the situation, but the mother interfered and brought the boy to the clinic for help.

The child had had no serious illnesses, no convulsions in infancy and nothing suggestive of encephalitis. The family history was negative on both sides for nervous, mental and venereal disease.

The patient was an only child. His parents were intelligent middle class Austrians, who lived in a six-room apartment of a community house in a suburb of Vienna. The father, an extremely feminine type of man, was employed in a stationery store in Vienna and commuted twice daily to his work, so that he saw very little of the boy. He made an adequate living but never accepted any position of responsibility either in his work



or at home. In the boy's upbringing he had taken practically no part, his explanation being that he felt himself inadequate. He remembered vividly his own childhood with a stern overbearing father, and the many beatings he had gotten, and he felt afraid, as he said, that he might repeat the same thing with Fritz. He was very friendly with the boy but distant and left all matters of management to his wife. His hobby was breeding parrots and raising sunflowers, the seeds of which he fed to the birds.

The mother, robust and energetic, cared for Fritz and his father as if they were both her children. She managed her household entirely without servants, and although she thoroughly disliked her feminine rôle she carried out dutifully and to the letter all the functions expected of a Viennese *Hausfrau*. She and her husband had been happy in a companionable way before the boy was born and had not wished to have children. During the pregnancy she had had frequent crying spells, which she could not account for, and felt constantly that something was wrong with her or the baby despite her physician's assurances to the contrary. When Fritz was born she was bitterly disappointed that he was not a girl. She took entire charge of him from birth and "because it was easier to keep him clean", dressed him as a girl until he was five years old.

The appearance of the child as he came for his first visit was very striking. Physically he gave at once the impression that there was a very serious problem in his nutritional and metabolic processes. He was small for his age, undernourished and anæmic. His mouth was large but his lips were thin and compressed, and his lower jaw was markedly underdeveloped. His teeth were small and carious; they looked as if they had not emerged the usual distance out of the gums. In his facial expression was that curious look of "oldness" which one usually associates with congenital syphilis (which was of course excluded) or with a marasmic baby. He was dressed in a very feminine way, with full baggy trousers, a white hand knit sweater and a white beret.

In his attitude to me he was not at all shy but extremely passive. He volunteered no information and simply waited to see what I would do or listened to what I would say. Paper and pencils were on the table and he was asked whether he liked to draw. He showed immediate enthusiasm but waited for me to make a suggestion. I said I would like to have a sketch of his home. He drew the plan, labeled it and then immediately drew a sunflower, which he then explained was what his father raised in the garden as food for his parrots. He then spontaneously put his name, height and weight on the drawing. Curiously enough, as is often the case with children (as well as adults), his main problem comes out in the first analytic hour in this clumsy and immature drawing, namely *food* and shelter or *protection*. There were symbolically representations of nipples or penises, but *size* is the factor most emphasized. In the second drawing, of a kite, made without any suggestion from me, this feature is particularly prominent. The kite is an extension of a tiny boy at the bottom of the page. It smiles down smugly from the superior height. It also signified "escape", a meaning that appeared plainly when I told the child that I would like to hear what he dreamt. He replied at once, "I only dream that I go to heaven". (A drawing four months later in the analysis depicts the same idea much more clearly.) This theme recurred consistently throughout the analysis. His preoccupation with flight is also very evident.

He had been two weeks under treatment when he had the first petit mal attack in the analytic hour. He came into my office, greeting me formally as usual, and sat down to wait for me to make a suggestion as to what we should do. I noticed that his eyes turned eagerly to a copy of Dick Tracy which was lying on the table. When asked whether he liked detective stories he immediately became enthusiastic, and we looked at the pictures together while I outlined the story for him as well as I could in German. The word "gangster" puzzled him and he asked me to explain it. I told him that a gangster



was a person who planned to outwit the police by some clever ruse, so that he could get money or whatever it was that he wanted. As I spoke a dazed look came into his eyes, which gradually closed, he became pale, and his head jerked backwards very slightly. When I spoke to him he did not respond. The attack lasted about twenty seconds. He came to slowly like a child waking out of a deep sleep. When asked what had happened he replied, "I had it again". I asked him what he had been thinking just before, but he ignored the question and picked up the story book to show me how well he could read English.

The next day I planned to follow up the "gangster" idea to see if possible how it was connected with the attack. The suggestion was made that we play at writing a story together, each one to write a line and neither knowing what the other had written. The child was eager to do this; the story follows:

Analyst: Es war einmal ein blutiger Räuber.

Fritz: Der Räuber hatte den Dolch im Gewande.

Analyst: In einer Ecke der Strasse erwischt er ihn.

Fritz: Der Räuber lag im Strassengraben versteckt.

Analyst: Er hat einen Dolch in der Hand.

Fritz: Im Räubergefängnis lagen viele Räuber gefesselt und geknebelt.

Analyst: Er ist dann in ein Gefängnis gekommen.

Fritz: Zum Schlusse wurden die Räuber aufgehengt und *erschossen*.

As he finished writing the word *erschossen* he had another attack exactly like the one the day before. It is practically a repetition of the gangster idea, the robber with the concealed weapon. A furtive aggression results in capture, punishment with death. But the patient reacts not with anxiety or hysterical fainting as we would expect in the case of a transference neurosis but with a petit mal attack.

Questioned cautiously as to how he felt and what had happened, the child ignored the entire occurrence and quite spon-

taneously asked me to play with him his favorite game, "old maid".

The next day I again suggested that we write a story, and on this occasion he was able to avoid an attack by identifying himself with a detective.

The material itself is not in any way unusual. It seems to deal with the *œdipus* situation and castration fear or fear of death. However the reaction of the child is a somatic one and this fact suggests the question as to whether the original traumatic situation may not have been the frustration of a somatic ego function rather than a libidinal function.

An interview with the mother after the second week of analysis made clear the transference situation, if one may call it that, or at least the way the child reacted in general to the adults in whose care he was placed; namely, his mother, myself, his teacher, and the priest. She stated that he would come to her and relate strange dreams, apparently watching to see what effect this would have on her (to me he never related any). He had been coming home very late from the catechist who taught the Catholic boys after school, and she found that he had pages and pages of religious doctrine to write out as a punishment for something which he would not explain to her. He simply stated that he *must* do it. Finally she interviewed the priest and found out that he was having a difficult problem in the boy's behavior. The boy would whisper, throw spit balls, and laugh out in the class every day. She then told Fritz of her visit to the priest and questioned him as to what was the matter. "Mamma," he replied, "he never pays any attention to me and he always asks the other boys to recite." When the mother later explained to the priest that the boy was "nervous" and got uneasy when no one paid attention to him the priest immediately went out of his way to be particularly friendly to the boy and there was no further trouble.

I believe that one reason for the smoothness of the analysis with this most unusual type of child was the daily "*Jause*", which had been arranged for him during his hour, which seemed to give the boy a feeling of being well looked after.



He came in the afternoon after school and had to ride an hour on the streetcar to reach me; he was naturally hungry, and it seemed a very good way to study his eating difficulties at first hand.

The child was always extremely formal with me about eating and never showed evidence of hunger. He never asked for anything but waited till I insisted that he take something. He would eat only a very small amount of bread and butter or cookies, and then nothing could persuade him to take more. At no time did he show the reactions of the normal child to food, even in the coldest weather when he had come straight from school to me, having eaten only a sandwich. One day I asked him what he liked best of all to eat for afternoon lunch. Promptly he replied, "Sandwiches with roast beef and salad." I made several for him as appetizingly as possible. He ate just one and could not be persuaded to take more.

I soon noticed that he always carried in his pocket a bag of small hard candies. These he would solemnly take out and suck (he never chewed them), without offering me any or making any remarks, as if they might be the ration allotted to a starving man.

He illustrated a scheme for making rock candy himself, which he carried out with infinite patience over periods of weeks as if this bit of sugar were the only thing between him and starvation. He would also put five teaspoons of sugar in his tea, then sip it from the spoon as if he were sucking from a bottle. My feeling was that he got actual relief from this sugar which he did not allow himself to get from normal eating. The child made use of the fact that he had *Jause* with me to tease his mother. He had one day advised her casually as to what excellent cookies he had from me, at the same time refusing to eat something she had prepared specially for him.

At my suggestion the child brought his English assignment. It consisted of a letter from a German boy to an English boy explaining the Krampus-Nikolo festival. We wrote the letter together and during the procedure he had two attacks. I asked him if he had ever been afraid of the Krampus, who is

supposed to bring switches to bad children. He replied that he was never afraid and that once when his parents had left him alone at night in the house, he heard the floors creaking and all sorts of curious sounds but had simply turned over and gone to sleep. (This was his usual way of dealing with painful situations.) As far as I was able to determine he at no time in the analysis showed signs of ordinary neurotic anxiety.

The following day Fritz's mother, bristling with indignation, brought him in for his hour. She had discovered that the English letter we had written in the previous hour was the assignment given to an older boy who was her son's friend. The two of them had planned to put over on me and the English teacher a scheme whereby I would write the lessons for the third boy, who would pass it in as his own work. Before Fritz the outraged mother assured me that I would never know what a bad, sneaky child her son was: with me he was always on his good behavior, and she felt it her duty to come and report what had happened. The emotional situation was highly interesting and revealing as to the mother's attitude to Fritz, but it was not easy to handle. I had to reassure her and still not take sides against my patient. Making light of the incident I diverted the issue by remarking what a pity it would be if Fritz's friend came to his examination without having learned any English.

The mother left somewhat mollified and an interesting sequence in the hour showed the child's reaction. He requested at once that we play his favorite game "old maid". I was intensely curious as to the significance of this play for him and now it became clear. We played one game as usual where the loser, left with the queen of spades "will never marry". Then the boy suggested a variation: the loser should be left with the ten of spades and that would mean that he or she would be the first to die. I was the loser, and as he began to get drowsy I suggested that we stop playing and write a story about the old maid. He agreed rather reluctantly and I began to write with the usual introduction: "Once upon a time there was an old maid." He still hesitated so I encouraged him by



asking, "How do you suppose she looked?" Then as I wrote he dictated:

"Her eyes were peculiar, her nose was long and pointed, her husband and her brother hated her. She lured people on, but whoever touched her became enchanted and could never marry. People did not like to be lured on by her because she would then do something bad to them."

Here he stopped and looked dazed, so I quickly asked another question hoping to get more of the fantasy.

"What did she have in her pockets?"

"She had in her pocket the charm, a yellow gray powder; she would blow it into people's faces and they would fall into such a deep sleep that they never again had the idea to marry". (Mothers often blow into the face of an infant to awaken it if it falls asleep at the breast.)

Here he paused again a few seconds, then went on: "Her husband went out to a trash heap and she ran after him. There they wrestled, and the woman beat her husband because he had betrayed her to the police."

The story contains a wealth of fantasy material which needs little interpretation. On the deeper level, of course, is the Tantalus mother who offers satisfaction (her breast) but gives just enough food to keep him alive for some evil purpose of her own, probably to eat him later or eat his penis. His attack, his falling into a deep sleep, makes him helpless, unconscious,—dead. He projects his feelings and reactions on to her, and makes his mother responsible.

There were no attacks in this hour. Evidently the game about death gave him a sense of mastery of the situation, as did the story that ended in the beating of the traitor. No interpretations were made to the child as yet because he still withdrew so readily into complete passivity. He seemed to be getting some relief, however; his mother reported that he had fewer attacks at home despite the fact that he had them frequently in the analytic hour.

A later incident will also demonstrate the relief obtained by the child from muscular activity. He came to the hour in a particularly listless state. I asked him whether perhaps he did

not want to come that day for some reason, and he immediately had an attack. I made no comment but assured him that he could tell me exactly how he felt about me or his treatment without making me angry, and I promised that I would not betray his confidence like the person in his recent story who had betrayed his wife to the police. He looked at me in surprise and with some suspicion, and then said that there was skating on the pond near his home that day and that he had wanted to go, but his mother had refused him so that he should not be late for his hour. He wanted to go skating more than anything in the world.

I assured him that it was natural for him to like skating and that I thought we could arrange to have his hour later twice a week during the icy weather, so that he could skate an hour after school. His attitude changed at once and he began happily to draw a picture of skating men and of myself, which seems to make me the large good mother in front who looks like both man and woman.

Another drawing during this period of an Indian is a good example of how by strategy he becomes "Big Chief Grosser Bär". Grosser Bär is evidently *himself* with the usual triumphant expression of mastery. A small diagram at the bottom is his explanation of how he became chief of the Apaches. A large party of Indians attacks a much smaller tribe which must defend itself against the large tribe, and therefore resorts to strategy. It leaves a few of their number concealed behind trees while the others make a detour and surprise the attacking tribe from the rear. Grosser Bär who was responsible for the plan is then honored by being made "The Big Father".

Shortly after this and just before the Christmas vacation when Fritz was to be away for a week we were discussing the fact that his mother thought he was much better and that he had gained two pounds. I told him I thought we were going to be able to find out what was making him have the attacks. He was much interested and said he was sure he could remember now when he had had the first one. He had gone with some friends to the movies. The film was *Africa Speaks*. He could not remember what it was about but there was a



big game hunt. When he came home he was telling his mother about it and he remembered having a "strange feeling", for the first time, he is sure. This film, I found out later, was suppressed in Vienna because so many children were upset by it. In it a tiger attacks a man, tears him to pieces, and eats him. If we accept the child's statement, then, he had the attack only *when he related the story in the presence of his mother*, and in connection with ideas of eating or being eaten.

Soon after the holidays Fritz became much interested in making costumes for the carnival. One afternoon as he was enthusiastically drawing some designs, he suddenly said that his mother had told him to ask me if it would be all right for him to miss the hour next day. He had been invited by a neighbor to go to the circus. I told him he should decide for himself but I thought that if he missed too many hours for skating, gymnastics, etc., it would take a long time for him to get well. It was very necessary to give him more insight into the necessity for his treatments and the disadvantages of his illness. I asked him how he would feel if he had attacks at the circus and everyone looked at him. While I was talking he had an attack and then several in succession for about three minutes. As he came to he had the appearance of a sleep walker. He reached mechanically for his pencil and on the page where he had already made the three carnival costumes, he drew the tiny figure of a woman, at first without arms. ("Making someone small" seems to imply eating them.)

"What is that?" I asked.

"A witch", he answered promptly.

"Is it finished?" He took the pencil and added an arm with a lunch basket. "She is a hunchback", he explained. He had wished me to be the small helpless cripple without any projecting members. On second thought, however, he added the arm carrying the food.

"Who is the witch?" I asked him.

He had no idea, he assured me, he drew it just for fun. Then I told him I thought I must be the witch because I had not told him to go to the circus. He protested vigorously but I assured him that I was not angry, that I wanted him to go

and had even planned to take him myself some Saturday, but that I wanted him to get well also. He looked puzzled but made no reply. A few minutes later while leaving he looked me in the eye calmly and said, "I shall not be here tomorrow, I am going to the circus". I wished him a nice time as if there had been no discussion and he went off.

Two days later, when he arrived, I happened to be a few minutes late. As I came in he was sitting alone in the room. He looked ill and spoke in such a weak voice that I could scarcely hear him. When asked about the circus, he replied only that it "was good". After a few minutes silence I asked what he had been thinking about while he was waiting for me.

"I thought you did not want me here any more", he replied.

His attitude was very striking: there was no visible affective reaction, no regret, no uneasiness or anxiety, no sense of guilt, but the child seemed physically shocked as if he had received a blow, or were seriously ill. He appeared entirely unable to make any psychic elaboration of the situation. Immediately I asked him whether he had ever felt that his mother did not want him at home. He replied that once he had come home from school and found the door locked. He went to the house of a neighbor looking for his mother and when he did not find her he concluded that she had gone away forever, so he "went out and sat down in the woods". In spite of repeated assurances that I was not annoyed with him because he had gone to the circus and missed his hour he remained withdrawn.

After several days, when he had recovered somewhat, he was able to tell what had pleased him at the circus which he illustrated with a drawing. A woman had come into the ring wheeling a baby carriage. Then someone had brought the baby a huge bottle of milk, which it consumed at one swallow. It immediately began to grow, and grew till it was *larger* than its mother. In the illustration the patient was the triumphant clown (baby) at the head of the group, the father followed, while the mother (or analyst), with an expression of chagrin peered into the carriage, which was empty except for a dangling object which looked like a combination of a strangled infant and a milk bottle.



In this incident it is clear that gratification (going to the circus) has the significance of getting enough food. It cannot be put off or given up because it has a life and death significance. On the other hand, when the child takes the proffered pleasure, he feels that inevitably "something bad happens" to him (when he gets the breast he is again frustrated or tantalized).

It is perhaps presumptuous to base any conclusions on an uncompleted case yet the findings agree essentially with those of Kardiner in his very extensive study of epilepsy. In his recent essay *The Bioanalysis of the Epileptic Reaction*<sup>1</sup> he discusses the disease as an ego neurosis. His thesis is that it is caused by organic disease or actual trauma to the ego in which important *utility* functions are damaged by a breach in the protective barrier (*Reizschutz*). The ego, he continues, reacts by inhibiting the function which has been damaged, just as the organism reacts with a muscle spasm to immobilize the parts about a broken bone. This inhibitory process he compares to the withdrawal of libido in the transference neurosis, the difference being that ego energies unlike libido cannot be displaced and interchanged. What happens is that a defusion takes place, the ego attempting periodically to rebind this liberated energy in various ways. In the epileptic attack the attempt is made to do this through a return to the birth situation. At other times there may be a successful sublimation through reënforcement of intellectual energy. Or the energy may become directed against the self in the form of morality, or against the outside world in the form of criminality.

In the case of this little boy the outstanding traumatic experience was the repeated frustration of the nutritional instinct at a time when the ego was weakest. This meant not only intense pain and tension but was in the nature of a threat of annihilation. He had no means of reacting which brought relief, and his mother was so preoccupied with her own neurosis that she was unable to help him. The apparent result was that he was compelled to resort more and more to sleep or unconsciousness.

<sup>1</sup> This *QUARTERLY* I, 1932.

The question arises whether this represents an inhibition or whether it is a reflex-like withdrawal and attempted return to the uterine mother who automatically fed him in the foetal state. We see the same situation in later life when he refuses to take food actively. His mother must give it to him with a spoon or else he not only ignores eating but destroys the food.

Bernfeld states<sup>1</sup> that in the first months of life every infant is engaged three quarters of the time in undoing birth and remaking the uterine situation by withdrawing into unconsciousness or sleep. The other quarter it spends in eating. This seems to mean that in early infancy the active ego instinct is weak and has to be stimulated by pleasurable extrauterine experiences while the regressive instinct (death instinct) is stronger. This child seems to have been forced to utilize unconsciousness as a protective retreat so that the ego preservative tendencies remained weak.

DISCUSSION BY DR. ABRAHAM KARDINER at the meeting of the New York Psychoanalytic Society: Although the material is scanty and insufficient basis for any generalizations, the paper nevertheless draws our attention to certain aspects of the psychology of epilepsy that have heretofore been neglected. Defects in the executive functions of the ego, making a striking contrast to hysteria, can be identified here: the characteristic form of repression (or rather the substitute for it), namely the dissolution of the ego; the incapacity to mobilize aggression with which to satisfy id cravings; and the inability to mobilize anxiety—though we cannot yet relate these defects adequately.

A special merit of Dr. Ribble's work is that she attempts to relate these failures in ego organization to a specific failure in infancy—namely, to satisfy the eating instinct. The initial reaction of the child, falling asleep when frustrated in eating, seems pathognomonic for the rest of the child's development and for its *petit mal* attacks. This reaction remains the prototype for all situations in which the child cannot mobilize its aggression. I am sure she does not mean to convey the idea that this specific failure can alone be responsible for the epileptic reaction type. The defective ego organization persists in the continuous sado-masochistic oscillations with repetitive secondary libidization through oral satisfaction. Is the persistence of infantile sucking in this child merely a fixation on the activity itself or on the object through which it failed in gratification? or is it an indicator of the failure in the present of more advanced types of satisfaction?

The absence of anxiety in this case is also characteristic; but I do not believe that this is an isolated phenomenon or an accident. It must be related intimately to other defects in ego organization.

<sup>1</sup> *The Psychology of the Infant*. New York: Brentano's, 1929. Pp. 11–140.



# AN ENDOCRINE APPROACH TO PSYCHODYNAMICS

BY R. G. HOSKINS (BOSTON)

As Sir Edward Sharpey-Schafer has pointed out, the development of endocrinology in recent decades has added an entirely new principle to physiology. The most superficial consideration of the effect of depriving the individual of any essential hormone is sufficient to bring sharply into focus the fact that physiology minus the hormones is not physiology at all. In so far then as one honestly repudiates the mind-body disjunction he must concede an important rôle to the hormones as determinants of personality. It is, however, unfortunately true that competent psychologists have been little attracted to endocrinology as a field for serious work and that endocrinologists have shied away from the intangibilities of psychology. The result is that one of the fundamentally important chapters of endocrinology remains yet largely to be written.

When the endocrinologist seriously turns his attention to personality he is led at once to a consideration of psychodynamics and thus to the formulations of the freudian school. He finds a special psychoanalytic terminology for phenomena with which he too is familiar and in which he has a necessary interest. The endocrinologist deals with actual input and transformations of energy whereas the psychoanalyst is concerned primarily with energy distributions. Thus the dynamic

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From the Memorial Foundation for Neuro-Endocrine Research, Harvard Medical School.

[Dr. Hoskins' interesting paper came to the Editors with the consent that it be cast in any form that would help to create mutual understanding between the fields of psychoanalysis and of endocrinology. Ultimately such an understanding must rest upon the elimination of all of those unnecessary disagreements which are due to prejudice or misapprehension. Furthermore, such an understanding demands a careful analysis of the remaining points of unavoidable disagreement. And finally, out of such an understanding would grow a clearer appreciation of the opportunities for correlated study. The Editors have tried to coöperate in the author's purpose by interpolating into his manuscript many editorial footnotes and comments. These are enclosed in brackets.]

situation is approached by the two from opposite directions and they should meet on a common ground in that part of the field common to both.<sup>1</sup>

[<sup>1</sup> Psychoanalysis must be pragmatic. It describes human behavior, and in so doing must point out differences in behavior which seem, in turn, to depend upon differences both in kinds and in quantities of "energy". However, when it is observed that one patient has a greater "drive" towards a certain activity than another, it would be a most naïve explanation of this fact to deduce that the difference in the "drive" must depend solely upon differences in the amounts of specific energy invested in this direction. Such an explanation would be fallacious, just as it would be fallacious to try to estimate the amount of energy going into a machine from the amount of work done by the machine, without considering the factor of efficiency and the losses through transformations of energy into heat or other "degraded" forms.

Nevertheless, in describing the conduct of two human beings, common sense alone justifies us in characterizing one man as "braver" than another, despite the fact that we are without any quantitative measurements of courage, and in face of the further fact that the energy exerted by the coward in his efforts to act bravely may be far greater than that exerted by the hero. Similarly, in the psychoanalytic study of "drives", it is frequently necessary, for descriptive purposes, to talk in terms of quantities of "drive energy" which can be estimated only by the external results and by one's general impression. At the same time, however, there is in psychoanalysis a conscientious effort always to follow the losses of energy which occur through displacements, substitutions, and the like, and which are analogous to the losses of energy which occur in the operations of any machine. Freud has formulated this problem in his concept of "free" and "bound" energy (Coll. Papers IV: Formulations Regarding the Two Principles in Mental Functioning (1911) and The Unconscious (1915); and in Beyond the Pleasure Principle (1920, p. 36); and Bernfeld and Feitelberg (*Energie und Trieb*, Int. Psa. Verlag, 1930) have attempted to give it expression in mathematical form. As Spring has pointed out, however (this QUARTERLY, III), the lack of methods of measurement forbids our talking in such exact and quantitative terms. The data of psychoanalysis are not yet subject to exact thermodynamic formulations.

In this respect psychoanalysis, however, is really in the same situation as the more basic sciences of neurophysiology and endocrinology. After all, it is not possible as yet to formulate such relatively simple phenomena as the nervous impulse, the factors of excitation and inhibition in the central nervous system, the variations at the synapse, or the activities of a simple reflex arc, in terms of ergs, calories or dynes. Nor is endocrinology, as yet, in a position to apply the basic laws of thermodynamics or the fundamental, quantitative units of physical forces to the problems of the oestrous cycle. It is true that the hormonal elements can be measured with an accuracy greater than are our approximate estimates of feelings and impulses; but this is still far from the precision of physical energetics.



In one group of cases, at least, the joint concern of the analyst and the endocrinologist seems evident. These are the unfortunate people whom Timme(*r*) designates as "hypoplastic", the victims of congenital endocrine inferiority. If they escape early death they live on an uncompensated existence, "continually on the complaint list for a variety of inadequacies. They fill our files under the various captions of hysteria, neurasthenia, psychoneurosis, constitutional inferiority, psychasthenia, and many more that will still be coined in the hereafter". The existence of the well-defined components of this group implies the existence of border-line cases. How many of these go to make up the clientele of the practicing psychoanalysts is a matter of conjecture but with adequate diagnostic methods the number might prove to be substantial. Irrespective of personal predilections it would seem that the recognition of this group would compel a rapprochement of psychology and endocrinology.<sup>2</sup>

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It is therefore scientifically necessary to keep clearly in mind the fact that the psychodynamics dealt with in psychoanalysis refers to something which is loosely analogous to, but still very far from, the exacter field of thermodynamics. These psychodynamics deal with an effort to estimate (a) the sources of energy, (b) the kinds and quantities of energy, (c) the transformations of energy, one into another, and (d) the distributions of energy. But the "energy" referred to here means not what is meant by the physicist, but simply apparent intensities of feelings and impulses, or in psychoanalytic terms "the libido". (Cf. footnote 9.)

When the subject of psychological "energy" is formulated in this way, it can be seen that endocrinology and psychoanalysis approach this problem from opposite poles. Endocrinology seeks primarily to establish the sources and the amounts of energy,—trying to discover what glands give rise to what kinds of feelings and impulses, and how these may vary in amounts. Psychoanalysis studies the distribution and transformation and utilization of these energies. Clearly it is important to know whether "energies" (i.e., those correlated with feelings and impulses) which arise from the activity of one gland are specifically tagged and devoted only to one purpose, or to what extent such energies are transformable so that they may be converted by the individual for other uses. Similarly it is important to find out whether psychoanalytically studied forces (such as repression, etc.) can alter glandular activity, or redirect their energies. To all of these problems the combined efforts of the endocrinologist and the psychoanalyst may be directed.]

[<sup>2</sup> To the psychoanalyst it is a source of constant amazement how rare are the evidences of definite endocrinologic inferiority or anomaly in the general run of his patients. Conversely it is inevitable that an endocrinologist will observe a

But there are other grounds for suggesting a closer relationship. In numerous instances, Freud, directly or by implication, has expressed his realization of a need for supplementing the studies of the analyst at the physiologic level. He has pointed out that formal psychoanalytic theory deals purely with "superstructure", as contrasted with the underlying biological processes. Continuing his analogy one might raise the question whether some of the difficulties encountered in attempts to understand distortions manifested in the superstructures are not due in fact to faulty integration of the superstructure with its supporting foundation.

Freud's *Three Contributions to the Theory of Sex* closes with these words: "The unsatisfactory conclusions which have resulted from this investigation of the disturbances of the sexual life are due to the fact that we as yet know too little concerning the biological processes in which the nature of sexuality consists, to form from our isolated examination a satisfactory theory for the explanation of either the normal or the pathological". The obvious suggestion from this statement is not that the analyst should desist from his studies but that the physiologist—and particularly the endocrinologist—

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selected population in which there will be a very high percentage of marked endocrinologic peculiarities. Since neurosis is extremely widespread in the population, a high percentage of these patients will have neurotic manifestations as well. Probably the incidence of neurosis will be somewhat higher among patients with endocrinopathies than among the general run of the population, since endocrine defects are in themselves a marked additional burden to carry. This however does not prove the endocrinologic origin of the specific neurosis. An equally strong case could be argued from the opposite side, namely, that the existence of identical neuroses in patients without even subtle indications of endocrinologic defects proves at least that the neurosis can arise without marked endocrinologic deviations from the norm.

This does not make it any less necessary to study the correlations between neuroses and endocrinopathy from both angles. A form of procedure might be worked out for subjecting psychoanalytic patients to endocrinologic investigations, in order to clarify two special problems, namely—1, whether special types of neurotic mechanisms correlate with special types of endocrinologic disorders, and—2, whether the concomitant existence of an endocrinopathy alters the classical neurotic pictures in a recognizable way.]



should multiply his efforts to elucidate the underlying "biological processes" to which Freud refers.

The analyst chooses to center his attention upon the reactions of the individual to experience and to deal with the resulting conditioning (in the broad sense) at the psychologic level. Rather than attempting to deal with the current situation, as such, he depends upon a special anamnesis whereby to "reconstruct" the past and from sequence of events thereby discovered he tries to interpret the present. The position thus assumed, as Brown (2) points out, is somewhat difficult to defend philosophically. Not until the possibilities of elucidating a given situation in terms of present conditions have been exhausted is it a matter of sound epistemology to fall back upon antecedent causation. Even the most detailed anamnesis—analytic or otherwise—can not be interpreted into the presenting picture without an intrusion of the element of surmise and the danger of being misled by *post hoc* fallacies. In the *individual case* plausibility is the utmost that can be secured—proof never.<sup>3</sup>

As a case in point Zilboorg (3) has recently reported the instance of a young man who indulged in a variety of perversions. The manifestations are attributed to an unfortunate family situation during the early life of the individual and an episode of enuresis in a sleeping car. That the particular forms of the perversion may have been experimentally determined is probable but the predilection of the endocrinologist would be to assume that the fundamentally important precondition was a precocious development of instinctual drive, i.e.,

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[<sup>3</sup> It is true that psychoanalysts often talk of "causations" when they ought to limit themselves to describing the forces which they observe as "sequences" of events; and when they lose their own close appreciation of the forces of reality they become liable to what Meyer has aptly termed the "obsession of the something else". These, however, are fallacies of human effort, and not of psychoanalytic theory. The psychoanalytic emphasis upon the continuing significance of the past has grown out of the repeated and irrefutable clinical observation that the past of years ago is as real in its emotional implications as the past of yesterday or today. What Dr. Hoskins here calls "the present" is in physiological terms a relatively immediate past: the difference is only a matter of the longer time interval. The author dissents from this last statement.]

an oversupply of sex hormone, to which the youngster had to accommodate himself as best he could. A determination of the circulating titre of male hormone at the time of study, were it technically feasible, would throw some light on the surmise of the endocrinologist. As a matter of fact it is sound analytic doctrine that constitutional and experiential factors are interchangeable in bringing about a given end result. *The important thing is to determine as adequately as possible in any situation which are, and to what extent each is, operative.*<sup>4</sup>

A consideration of the organic factors in personality leads at once to the problem of *constitution*. Kretschmer, Pende, Bauer and others have discussed the topic at length. Hinsie's (4) recent succinct review so admirably presents the sound doctrine on this point as to render further discussion largely unnecessary.

Too, Zilboorg (3) has recently considered the significance of constitution in relation to psychodynamics. He emphasizes the importance of the stuff of which a man is made in determining his reactions to experience.

In most of Zilboorg's exposition the endocrinologist would concur; but on one point he would dissent. Zilboorg reaches the disheartening conclusion that in so far as constitutional factors are invoked in explanation of any presenting situation the physician is driven to impotent fatalism. But as Jennings (5) has emphasized such is not necessarily the case. The most important thing that is genetically determined is the potentiality of modification. The extent to which the potentiality is realized depends solely upon the conditions to which the organism is subjected and these are in substantial measure controllable. From comparative endocrinology we learn that individuals even as high in the scale of life as the

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[<sup>4</sup> Here there is agreement that the form of the perversion was experientially determined. The question raised is whether the experiences would have had this effect without the concomitant action of an oversupply of premature erotogenic hormone. Obviously it is important to raise this question; but even if a high titre of sexual hormone were found it would leave unanswered the question of whether this had been produced under the influence of constitutional forces or experience. And this is a question which is more easily asked than answered.]



vertebrates are subject to extensive modification despite genetic predisposition. Crew's hen that succeeded in becoming first a mother and then a father is a case in point. Even in the human species large potentiality of similar transformation exists. The development of arrhenoblastoma in a woman causes a marked masculinization in both soma and temperament (Kleine, 6). The liability to such a neoplasm may be genetically determined but the subsequent developments are paratypic. What is especially important is that upon removal of the tumor the woman reverts to her feminine status.<sup>5</sup>

We are as yet largely in the dark as to the extent to which genetic inadequacies are amenable to compensation but the situation is by no means hopeless—at least as regards endocrine factors. For example, if a normal woman can be transformed so remarkably toward the masculine status it may be hoped that when we have available and learn how to use the same hormone by which she was influenced much can be accomplished in the way of development of masculinity in the ineffective, hypoplastic type of male. In any case until the known resources of organic compensation have been exhausted it would be advantageous in principle to regard all so-called constitutional manifestations as merely paratypic. To those now available further research will no doubt add substantially to applicable hormone resources.

If the endocrinologist is to be of help to the clinical psychologist, and vice versa, a closer working relationship would seem to be desirable. Each should be mindful of the other's sound contributions and should go as far as present knowledge warrants in attempting to recognize common meanings in the concepts employed. We are no doubt still far short of the goal of recognizing a detailed correspondence between the analytic

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[<sup>5</sup> With this optimistic and therapeutic attitude to the problems of constitution most psychoanalysts would find themselves in agreement; and might even add the hope that since so many seemingly fixed constitutional factors are subject to extensive endocrinologic influence, they may also, through the play of emotional forces on endocrine function, respond to psychoanalytic therapy in some measure, especially in the direction of normal adaptations.]

concepts and their underlying biologic processes but, I think, not so far as many students in both fields believe. At any rate, it may not be amiss to consider briefly some of the connotations that the endocrinologist is tempted to see in freudian terminology.

Perhaps one need not argue the point that the *id forces* of the psychoanalyst in substantial measure depend upon, if they do not directly equate with, the hormones. The marked depression of instinctual tension in higher grades of hormone deficiency—for example, childhood myxœdema—would seem to compel such an interpretation. It would be interesting to speculate as to the extent to which the “racial unconscious” actually represents endocrine “configuration”.<sup>6</sup>

From the introspective evidence of people effectively treated for hormone deficiency, the *ego* (in the popular sense, at least) would seem likewise to be importantly modified by endocrine changes. One of my subjects comments upon a demoralizing feeling of inadequacy when he refrains from gland medication and a striking surge of ambition and self-reliance upon its resumption. The literature on sex-gland physiology recounts many instances of changes of the feelings of self associated with

[<sup>6</sup> The concept of the “id” is derived deductively from psychological observations. It implies the existence of a reservoir of various instinctual energies which have some attributes in common, which are to some extent transformable one into another, and which may be represented by conscious or unconscious purposes. It is tempting to see in the hormonal system a parallel organization:—to wit, certain general sources of energy which affect all the specific endocrine functions, and certain more highly differentiated endocrine factors, with certain possible transmutations of one into another in the interrelations of the glands. To what extent these parallelisms will throw light on id functions is still a matter for speculation.

The term “racial unconscious” is not synonymous with the id, of course; but in the freudian sense, at least, it is meant to cover whatever there may be of universally-inherited, unconscious, *mythological or factual* knowledge and impulse. The energy that drives this “racially unconscious” part of the personality is derived, of course, from the id, just as all of the energy which drives psychological processes is derived from this source. As long as it remains unclear how far hormonal influences are represented by specific feelings and impulses, it will not be possible to estimate their rôle in the configuration of the so-called “racial unconscious”.]



female gonadal influences. For instance Rowe (7) wrote: "An insistent expressed egoism is the keynote of the [female] hypogonad character. Coupled with, and dependent on, this is an active resentment toward a world that is but inadequately mindful of the patient's many excellencies. Hyperemotionalism and self-pity are united with an attitude of acid criticism of environmental conditions that are always unsatisfactory. The psychological study of the average woman suffering from ovarian insufficiency would be a profitable though scarcely a pleasant task."

Freud's (8) discussion of melancholia brings the *superego* into a relationship that permits the recognition of an endocrine factor therein. "The melancholic during periods of health can, like any one else, be more or less severe toward himself; but when he has a melancholic attack his superego becomes oversevere, abuses, humiliates, and ill-treats his unfortunate ego." Werner and his colleagues (9) have recently reported the successful treatment of involutional melancholia with theelin. The study was controlled by the use of saline solutions as placebos. Those receiving theelin showed notably greater and more rapid amelioration than did the control subjects. The authors conclude that the results "seem to indicate that the administration of this hormone is rational and strikes at the fundamentally causative factor". That is to say, in blended terminology, the correction of deficiency of oestrogenic hormone assuages the superego. This work of Werner demands extension and, especially, critical psychiatric collaboration.<sup>7</sup>

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[<sup>7</sup> If these observations have been carefully made, they are of fundamental interest. The effect of the injection of theelin upon the ovulation cycle, upon the pituitary function, and therefore upon the endocrine products derived from these two sources, becomes of vital interest to the analyst and yields a suggestion of how this may relate itself to the ebb and flow of emotional states in women during the menstrual cycle. It leads also to the question of the variations which are now known or suspected to exist in the ovulation cycles of different women, with a hint as to what one might expect with regard to the different inclinations to depression of the different ovulation types. Here again is a specific problem for a joint attack.]

According to Freud (8) the most fundamental concepts of the analytic doctrine are adsumed under the terms "erotic instincts", and "death instincts". The *erotic instincts* are those "which are always trying to collect living substance together into ever larger varieties". As a matter of terminology the erotic instincts, then, appear substantially to equate with the physiological principle of *anabolism*. Contrariwise, the "*death instincts* . . . act against that tendency, and try to bring living matter back into an inorganic condition". The physiologist can scarcely avoid seeing in this definition a recognition of the principle of *catabolism*. Psychodynamics, then, would seem to reduce fundamentally to a dichotomy between anabolism and catabolism just as does physiology. Should we expect, then, to find that, in general, hormones in their anabolic influences promote the "erotic instincts" and those acting catabolically, the "death instincts"? If not, Freud would seem to have chosen particularly unfortunate definitions.<sup>8</sup>

Perhaps the next most fundamental concept of psychoanalysis is that of the libido. This term is lacking in sharp definition, seeming to mean in various connotations, impulse, interest, appetite, lust, love, craving, or "élan vitale". In any of these shades of meaning the term has a substantial physiological connotation. Libido necessarily depends upon nutrition—hence vitamins and enzymes—and upon all of the hormones that contribute to the zest of life.

In the narrower sense of the term—as representing sex-drive—the physiologist would want to consider libido as varying both quantitatively and qualitatively. As manifestations of quantitative alterations the effects of castration are most familiar. In the lower animals deprivation of the gonads largely eliminates sex-drive as it does in the human species when performed

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[<sup>8</sup> This is an ingenious and logical analogy. But is it possible to group the hormonal activities into those that are anabolic and those which are catabolic in their functions? If instead each hormone is more mixed than that in its actual effect on physiological functions, we could not expect to find a simple parallelism between the hormonal source of energy and the pattern of energy-utilization which we call an instinct.]



before puberty. That factors other than gonadal deficiency, however, are also operative in postpubertal castration is shown by such cases as that of Rowe and Lawrence (7) in which a man completely lacking in generative gland tissue was able to adjust to married life in a way surprisingly approaching the normal. The persistence of libido following ovarian removal in adulthood has often been reported. In the individual case both hormonal and experiential factors have therefore to be taken into account.<sup>9</sup>

Evidences of increased sex-drive from augmentation of the primary or secondary sex hormones are gradually increasing. By the use of a pituitary derivative, "Hebin", Domm and Van Dyke (10) have caused cockerels to crow at nine days of age and to attempt sexual intercourse at thirteen days. Allen and Doisy's success in restoring sexual reactions in gonadectomized rats by the use of follicular fluid may serve to represent a variety of other experiments in which sex behavior has been normalized by the restoration of missing hormones (14). The most striking success in the experimental induction of libido has been won by Bard (15). By the addition of pregnancy urine to the food of a spayed cat he succeeded in producing "every known sign of oestrus"—"an extraordinary change of behavior". One spayed cat was kept in heat for 84 days during which time she copulated 286 times—on one occasion 20 times within an hour. Such conduct would seem to represent authentic experimental *nymphomania*. Bard is convinced that the change of behavior is due to the action of the hormone upon the central nervous system. Since a redirection of energy rather than a change of the energy of the system is involved in such phenomena it would seem desirable to recognize a

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[<sup>9</sup> The term "libido" has been much worn by circulation. Freud, however, gives it a specific meaning:—to wit, a quantitative and changeable energy of the sexual instinct directed to an object, the term "sexual" having a very wide meaning and including self-love, love for parents and children, friendship and devotion to concrete and abstract ideas. Psychoanalytic studies of neuroses in individuals who have been castrated after puberty confirm these observations, in that no essential differences are found in the libido of castrated and uncastrated patients.]

*chemical conditioning* as a biological principle—the end results being similar in kind to those of experiential conditioning. Conceivably the latter might be merely a special case of the former.

The *qualitative* aspects of libido appear in the phenomenon of sex inversion. This topic has been treated at length by psychoanalytic writers and to some extent by endocrinologists. That it depends in part upon hormone factors is generally conceded. Henry (13), for instance, has recently reported a high correlation between homosexuality and inverse constitutional make-up. A group of 228 subjects were studied independently as to physical status and psychosexual history. It appeared that although environmental influences were often conspicuously evident the psychosexual differences were also correlated with somatic and especially secondary sexual characteristics. The tone of voice conventionally assumed by narrators of jokes about homosexual men would seem to indicate extensive appreciation even among laymen of organic correlates of homosexuality.<sup>10</sup>

From the literature of experimental biology a particularly enlightening study is that of Domm (14). As is well known, a fowl deprived of her ovaries will often regenerate either an ovarian or a testis-like gonad. It is thus possible by extirpation experiments to obtain various degrees of sex deficiency in either sex and to check the results by regeneration. It was found that the complete capon, like the complete poulard, shows none of the well-known avian sexual behavior. As a secondary

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[<sup>10</sup> Notwithstanding the fact that a fairly large proportion of sexual inverts have secondary physical characteristics of the opposite sex, it is equally important that sexual inversion can exist without any demonstrable anomalies of the constitutional or morphological make-up. For the problem of the genesis of the perversions this raises the same question as that which arises with regard to the neuroses (*cf.* footnote 2 above).

Furthermore, it should be borne in mind that the physiology of intercourse and of orgasm is constant, irrespective of the method of stimulation used. Despite the widest variation in the experience as a psychological unit, the physiological substratum is unchanged. It is the psychological target which varies. This is further ground for the psychoanalyst's conviction that psychological forces have great significance in these problems.]



reaction due to regeneration of male gonad tissue, poulards sometimes develop the head furnishings of the male, in which case a good deal of the masculine disposition also appears. On the other hand, should ovarian tissue regenerate, feminine behavior ensues. Thus, it is possible to establish a full gradation of temperament from the full male condition to that of well-developed femininity depending upon, first, the amount of functioning gonad tissue surviving in the animal and, second, upon whether this is ovarian or testis-like in its nature. Those observations necessitate the assumption of qualitatively *specific sex-hormones*.

Much other evidence could be cited that sexual behavior is due primarily to specific qualities of the male and female hormones—for instance, the sex inversion of women who develop arrhenoblastoma in contrast with the experimental nymphomaniac behavior shown by Bard's cat—but this primary influence can be relatively easily overthrown. For example, Stone (15) reports the cases of male rats that were vigorously masculine in the presence of rutting females but, when sexually excited would submit without opposition to the copulatory advances of other males. The prevalence of homosexuality in prisons presumably represents a parallel condition in man. To what extent, as a matter of practical therapeutics, homosexuality can be ameliorated by hormone therapy remains for research to determine. The problem is obviously much too complicated to justify facile *a priori* pronouncements.<sup>11</sup>

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[<sup>11</sup> It might be well to refer here to a type of experience which the analyst has, which is relevant to this whole problem. Thus he finds (among other types of homosexuals, either latent or overt) (1) those whose homosexuality seems to depend largely upon the inhibition of a perfectly normal heterosexual urgency by an excessive amount of anxiety; and (2) another type in which the libidinal impulse towards women is deviated from this goal because it is linked to an intense amount of hostility towards women, as well as (3) other types in which it is impossible to say that the erotic impulse is defective quantitatively, although (4) these last exist as well. Only in the fourth group would the administration of an erotogenic hormone act without complicated psychological effects. For instance, (1) the first group might be thrown into a panic, and (2) the second into a state of obsessional confusion and indecision, by endocrinogenic increase in erotic pressure. In all of these matters the number of possible complicated situations is great.]

Another manifestation of libidinal aberration is the phenomenon of *narcissism*. There are suggestions in both the psychoanalytic and the endocrine literature that the condition may be dependent in greater or less degree upon inadequate sex libido. Mayers and Welton (16) discuss this topic at length and cite various instances in which hypogonadism seemed to determine the adoption of careers in which narcissism would have scope for indulgence. It would be interesting to determine experimentally the efficacy of pituitary sex-hormone upon the narcissistic temperament.<sup>12</sup>

There is a temperamental characteristic which, so far as I am informed, is not recognized, as such, in the psychoanalytic literature. This is what might be called *maternalism*. Wiesner and Sheard (17) have studied some of the conditions that determine maternal behavior. Their method in brief was to place female rats in cages with nesting material and newborn young. It was found that a certain proportion of the animals would manifest a mild interest in the babies—"playing dolls" with them, so to speak. Others completely ignored the infants. If females of this indifferent sort were allowed to become pregnant they began toward the end of the gestation period to show the typical maternal behavior pattern, adopting foster babies and building nests for them. To other indifferent females were administered various kinds of gland extracts. In differing degrees these evoked the maternal reaction. One of the most successful preparations was an ammoniacal extract of anterior pituitary. Some of the animals receiving it were thrown into a mania of maternalism. They would build elaborate nests and avidly adopt and mother as many offspring as were offered. One young adult even became so enthusiastic as to accept and ardently mother a litter of young rabbits.

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[<sup>12</sup> There is a hint here of a confusion in terms. Narcissism is not a force the nature of which can determine careers. The confusion is between *narcissism* and *exhibitionism*; and surely the latter is not intimately linked with hypogonadism. A homosexual actor, who, for the sake of argument, we may presume to be hypogonadal, and a heterosexual athlete, presumably hypergonadal if anything, may be equally exhibitionistic and narcissistic, although they may represent opposite extremes from the endocrinologic point of view.]



The active principle in Wiesner and Sheard's extract was not identified but it would seem probable that it was equivalent, or very similar, to Riddle's prolactin. At any rate, with prolactin Riddle (18) has been able to induce "broodiness" in hens and "clucking" in cocks—which reactions also would seem to amount to experimental "maternalism". More recently he has caused virgin rats to mother not only infant rats but also squabs and mice. For a vigorous rat to refrain from eating helpless squabs would seem to prove a remarkable modification of personality.

So much for endocrine connotations of analytic terminology. That an overlapping of concepts exists in the two fields is beyond question. The extent to which detailed cross-correlations can be established presents an intricate problem for research. The gains to be anticipated from the solution of the problem are especially two—a facilitation of sound thinking and an increase in the therapeutic resources to be brought to bear in the individual case. In the solution of the problem the coöperative efforts of analysts and endocrinologists are likely to be far more effective than independent efforts of either.

There are other data in the endocrine literature that bear on the relationship of the hormones to personality but in general, the perturbations reported have not been resolved into their psychodynamic components. A considerable part of the pertinent literature has been summarized elsewhere (20). The field invites analytic exploration.

*Thyroid deficiency* is marked by general sluggishness and is believed by many observers to be characterized by a state of placidity. As noted, however, as early as 1888 by the "British Myxœdema Commission", underlying the apparent calm is a great deal of irritability. This not infrequently is manifested as sullen truculence. A recent study of the personality of the myxœdemic is that of Stoll (21). The characteristics emphasized by this author are irritability, untruthfulness, suspicion, delusions, retarded cerebration, inability to concentrate, introversion and failing memory. McLester (22) and Mayo (23)

have recently called attention to the fact that thyroid deficiency of a degree inadequate to give rise to myxœdema is a frequent cause of such conditions as irritability and fatigability—in short of the “neurasthenic” picture. Mayo emphasizes the fact that the thyroid factor in such cases is rather commonly overlooked. A technically adequate psychoanalysis of a group of these cases of hypothyroid “neurasthenia” would no doubt be illuminating.

Conrad's (24) recent analytic study of *exophthalmic goiter* illustrates the productiveness of such an attack. It appeared that the subjects were characterized by special susceptibility to specific emotional traumata and by a particular personality pattern. There appeared a special liability to frustration in the normal attempts to establish independence of the mother. In uncomplicated cases abnormality in relation to others than the mother was not evident but in those cases in which there was an associated hysterical or paranoid tendency social relationships were widely pathological.

The effects of *gonad deficiency* need little discussion at this juncture. Kretschmer (25) has epitomized the situation. Pubertal retardation, he is convinced, is the basis for many psychoneuroses and other far-reaching affective anomalies of adult life. The eunuchoid temperament is characterized as “lone wolf”, quiet, retiring, shut-in, apathetic, lazy-minded, dependent and work-shy. Brosius' (26) recent report of the effects of hormone treatment of gonad deficiencies may serve to illustrate the general trend of such studies. The patient had aspermia and soft testes. Following a course of injections of “Antuitrin S” the testes became larger and firmer and many motile spermatozoa appeared in the ejaculate. Accompanying this direct amelioration was a disappearance of muscular tremors, speech difficulty, sluggishness and dizziness and improved capacity for mental and physical work. The extent to which the personality deviations in such cases are due to gonad deficiency *as such*, and the extent to which they are due indirectly to social conditioning is a problem demanding further research.



Kretschmer and many others have commented upon the changes in the affective life coincident with the swelling of the hormone tide at puberty and its recession at the climacteric. Psychic irregularities are met with at these periods even in persons commonly regarded as normal. Those of labile nature tend to exhibit psychopathic crises. It is to be kept in mind, however, that hormone *imbalance* rather than simple deficit is the essential feature in these acute conditions. Mere gonadal deficiency, as seen in normal childhood and old age, is a benign condition.

That the *adrenal glands* significantly contribute to temperament is suggested by the masculinization that sometimes follows the development of tumors of the cortical portion. Conversely, in adrenal deficiency (Addison's disease), to quote further from Kretschmer, there is commonly seen, in addition to physical adynamia, severe "neurasthenia", disgust for life, depression, irritability and uncoöperativeness. Recent studies by Hartman (27) confirm Kretschmer. Packard and Wechsler (28) have also lately reported four cases substantiating the opinion that, in Addison's disease, the disposition alters completely, the patient becoming "increasingly morose, lethargic and desirous of death". This latter phrase is interesting in relation to Freud's definition, previously mentioned, of the "death instinct"; an outstanding characteristic of Addison's disease is uncompensated catabolism.

Endocrinologists are inclined today to ascribe to the *pituitary gland* a dominating rôle in the endocrine system. In its control of the gonads the pituitary necessarily influences those aspects of personality that are determined by the primary sex hormones. The possibility that the prolactin fraction of anterior lobe secretion may play an important part in the maternal reactions was previously suggested. In acromegaly we see a succession of changes of the anterior pituitary from normality through hyperactivity to involution. Mayers and Welton (16) have studied the corresponding alterations of the personality. They state that the careers of acromegalics are almost invariably the same—a period of intensive living, of

great energy and success with courage, initiative and forcefulness of character as outstanding traits. Then the tide turns and the subjects regress through timidity, lassitude and failure to final, tragic decay. These authors believe that the same succession of personality traits often occurs in subjects who undergo a similar rise and fall of pituitary activity but not of sufficient degree to give the somatic picture of acromegaly. A psychoanalytic study of the evolution of such a case should be instructive.

Many other items could be noted to amplify the thesis that the endocrine glands contribute significantly to personality and hence play a rôle in human psychodynamics. Further extension of the discussion, however, would be but to belabor the obvious. The principle is established. When it comes, however, to the appraisal of the endocrine factors in the personality of a given John Smith—whether normal or psychoneurotic—we are at once in difficulty. Then we appreciate that beyond the setting of the topical headings the chapter on "Personality and the Hormones" remains largely yet to be written.<sup>13</sup>

Since, in the very nature of things, endocrine factors must intrude frequently if not continually in analytic situations there would seem to be little need to argue the desirability of

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[<sup>13</sup> To this only one qualifying reservation might be appended—namely, the fact that the same psychoneurotic pictures can arise, without such gross endocrinologic disturbances, is at least as significant as is the fact that occasionally among such psychoneurotics one finds gross imbalances of the endocrines. Similarly that most people go through the changes of adolescence and of the climacteric without violent emotional upsets is a fact of importance equal to the fact that others become upset at these periods,—unless it can be definitely shown that during the climacteric of those who become upset the endocrinologic disturbances are uniformly more severe than are those which occur among people who go through these critical periods without upset. It would be the experience of most analysts, for instance, that those people who manifest psychic irregularities during adolescence or the climacterium have not been "normal persons"; but have always shown marked neurotic tendencies which they have been able to compensate at other times because of vigorous assets in their personalities. In other words, those cases which break down would be examples of the so-called "masked neuroses", whose masks prove inadequate in periods of special endocrinologic stress or in periods of special external stress in life.]



their recognition. If it be granted that either psychoanalytic procedures or administration of hormones can evoke amelioration in personality disorders it would seem that the given patient is receiving less from the medical profession than he could reasonably expect if, in suitable cases, he is not permitted to profit from both. Conrad (24) has explicitly recognized that victims of exophthalmic goiter need both psychotherapy and surgical aid. In principle this may be true of many endocrinopathies. Just how endocrine resources could be utilized in psychoanalytic therapy and especially psychoanalytic research is a problem that devolves primarily upon the analyst. Not to come to grips with the problem, however, would seem to disclose less than a normal scientific ambition. The analyst, above all others, should be suspicious of "blocking" against such a suggestion.

Looking at the problem from the other end, it seems obvious that the aid of the psychodynamist is indispensable to the endocrinologist who has got past the organ-preoccupation stage of research. Hormones demonstrably do evoke marked changes in personality. These changes need resolution at the psychologic level. Their full meaning will remain unknown until they have been so resolved.

In recapitulation, it would seem that endocrinology has substantial contributions to make to psychodynamics. The relationship of the hormones to personality is a problem in exigent need of extended research. As valid data are secured they should be incorporated in all formulations that purport to account for human behavior. Certain of the freudian concepts seem to carry endocrine connotations, and a considerable amount of information on endocrine influences on personality is in need of psychodynamic interpretation.

The problems presented are difficult and progress toward their solution may be slow but the problems are worthy of the exacting efforts that will be required. Every hiatus in our knowledge of the endocrine status of any given subject is a hiatus in our fundamental knowledge of his personality.

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## A PSYCHOANALYTICAL NOTE ON JANE AUSTEN

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Since the influence of deep unconscious forces on literary creation is pretty generally recognized, the study of that type of sublimation gives the psychoanalyst an opportunity to meet the layman on common ground and lead him from distrust or prejudice to a more tolerant understanding of the workings of the unconscious.

Jane Austen is particularly attractive for such a study because she is one of the most beloved and apparently "normal" of novelists, and yet the unconscious origin of both her humor and her imaginative inventions is clearly revealed in two short fantasies which can be briefly discussed. Even her admiring grand-nephews recognized in the creation of one of her heroines an unconscious influence, not however internal, but an "external force which she was powerless to resist."<sup>(1)</sup> Another relative quoted Charlotte Brontë in support of a similar suspicion: "When authors write best, or, at least, when they write most fluently, an influence seems to waken in them, which becomes their master—which will have its own way—putting out of view all behests but its own, dictating certain words . . . new-molding characters, giving unthought-of turns to incidents, rejecting carefully elaborated old ideas, and suddenly creating and adopting new ones."<sup>(2)</sup>

The best available evidence as to the nature and tendency of this undefined influence is contained in a letter from the novelist to her sister, Cassandra (3), and in one of her juvenile pieces (4). The letter was written under painful circumstances which were peculiarly likely to stir into activity certain repressed wishes. In November, 1800, while away from home on a visit, she had received the news that her father had suddenly decided to resign his duties at Steventon and move his family to Bath. According to family tradition the news made



her "exceedingly unhappy"; she may even have fallen into a swoon on receiving it. Unfortunately, and perhaps significantly, Cassandra destroyed her reply and indeed nearly all of her letters for several years following. One which survives, however, and which was written from Steventon in January, 1801, shows her to be again in command of herself. That her conscious disappointment has been mastered is shown by the gallant assurance that she was getting "more and more reconciled to the idea of our removal", and by her characteristically playful and double-edged pretense:

"It must not be generally known that I am not sacrificing a great deal in quitting the Country—or I can expect to inspire no tenderness, no interest in those we leave behind."

The long letter betrays her repressed feelings only in one innocent jest. Among the many practical details is included the little matter that her mother expected to keep two servants in the new establishment. It was this pleasant prospect that touched off the revealing fantasy:

"We plan having a steady Cook, & a young giddy Housemaid, with a sedate, middle aged Man, who is to undertake the double office of Husband to the former & sweetheart to the latter.—No Children of course to be allowed on either side."

This little jest reveals the combination of conscious indulgence and unconscious malice that can be found also in the novels. On the surface lies a childish pleasure in a more impressive ménage. But the expansion of the intended two servants to three makes a subtler "design for living" which is at the same time a compromise solution of the essential emotional problem of childhood. The cream of the jest is the unconscious identification of the young giddy housemaid with the letter-writer, who was always parading her domestic accomplishments and her giddiness. The steady cook and the young housemaid parallel the mother and daughter both in their relative ages and in their characters. Their representation as domestic servants conceals their true identity and establishes the author's *alibi*. The fantasied husband and sweetheart likewise bears no incriminating resemblance to the

Reverend George Austen. Yet he has the sedate middle age which that gentleman would have reached when his daughter Jane's affections became fixed upon him and when the double rôle assigned him in the fantasy would have seemed a workable compromise: a recognition of the mother's *fait accompli* and a gratification of the child's ardent wish. At the same time the degradation of all the characters to the rank of servants satisfied the usual childish hostility to the superior parents and agents of the first frustrations and then atones for the satisfaction—and guarantees it in a sense—by turning the same hostility on herself.

There is similar double—or treble—meaning in the very act of exposing such a thinly disguised fantasy to adult eyes as a joke. The childish make-believe is not merely a symbolic fulfilment of unconscious wishes with a slight basis of reality; in its ridiculous absurdity it carries its own punishment and destruction through laughter. Moreover when she thus eases with a laugh the burden of perpetually unsatisfied love and repressed hate, she restores, at least temporarily, her equilibrium and self-esteem, her superiority to disappointments, both conscious and unconscious.

This disappointment was not easily disposed of, however, and the secret of its persistence is at least suggested in the sequel to the fantasy: "No Children of course to be allowed on either side", a joke which imposes the curse of sterility on the hated "mother" and punishes the "daughter" with the same disaster. Apparently in the interest of propriety and with a defensive inversion of the unconscious wish for a child, it makes the fantasy-mother after all no mother, though the author herself perish as daughter to prove it, and, as rival, give up her own hopes of motherhood to gain her vindictive, unconscious end.

What is even more impressive, from the psychoanalytical point of view, is the fact that the curse of barrenness thus jestingly pronounced on these servants of her unconscious will fell also on her own work. Though she had already written three novels (5), her creative activity almost ceased for a decade, until she again "found a real home amongst her own people", as



her kinsman put it (6). The two novels she is known to have begun during this dark period were never finished (7). Moreover the theme of one of them, *Lady Susan*, tends to confirm the theory that an unmanageable pressure of destructive wishes associated with the nuclear œdipus complex, on which her creative work naturally depended, broke down her sublimations and interrupted her work. It is the most cruel of her books, a story of maternal hatred in which a completely ruthless and designing mother is her daughter's rival in both love and marriage. The excessive hostility to the bad mother-imago underlying such a creation would inevitably be attended by a weakening of the identification with the good, creative mother and thus tend to frustrate the author's creative efforts. In *The Watsons* the hostility was apparently more deeply repressed but no less fatal to imaginative creation. Sublimation in fiction could go on only after the intensity of these feelings had somewhat abated through the operation of forces the nature of which we can only guess. Perhaps it was the security of Chawton, as her relatives supposed.

Thereafter her novels became her own darling children (8); she could no more forget one than "a mother can forget her sucking child" (9); and another, "*my Emma*", she matched with a friend's young baby, "*your Jemima*" (10). As an aunt she was consciously and satisfactorily loving and she took a lively interest in the growing families of her friends and relatives, though some of her letters, especially in the complete versions recently published, betray the slightly superior and defensive pity of the barren virgin who composed the hostile fantasy. As a novelist she was no less affectionately and humorously critical of her own brain children. That is part of their charm.

This dominant fantasy with its suppression of passion was woven with extraordinary constancy into the texture of her plots. Matchmaking with little love-making is part of their characteristic pattern, and all of her work is singularly lacking in passion. Instead of adult love and jealousy, repressed infantile love and hate pursue unconscious aims along devious paths of fantasy and discharge their burden of emotion in

delighted and often satiric laughter. All of the plots develop themes of rivalry; most of them involve a designing married woman and a mother or mother-substitute who is more of a hindrance than a help to a daughter's marriage. By a characteristic inversion the hostile element in the infantile rivalry is attributed to the older rival and the innocence of the young heroine is preserved. Not one of the novels contains a really pleasant older woman. It is in further conformity with the pattern of unconscious fantasy that the highly superior heroes incline to sedateness and sometimes even to middle age and usually must escape from some previous entanglement before marrying the heroine.

That the novels could end more happily than the fantasy of the three servants may be attributed to the happier circumstances in which they were written. The death of her beloved father in 1805 was a grief that must have revived the repressed infantile grief and resentment, and so intensified and prolonged the dark period. When Cassandra burned the greater part of her sister's letters, "all that she supposed might possibly excite general curiosity" (11), she undoubtedly destroyed much that would have been relevant to this problem and useful for psychoanalytic study.

The second of the two fantasies comes from the author's juvenilia and reveals the unconscious infantile hatreds with startling directness but with the innocence of calculated absurdity. Among the "Scraps" published with *Love and Freindship* is

"A LETTER from a YOUNG LADY, whose feelings being too strong for her Judgement led her into the commission of Errors which her Heart disapproved." (12)

The imaginary letter-writer, after consoling herself for her bitter "cares and vicissitudes" with the reflection that she has strictly deserved them, makes a confession:

"I murdered my father at a very early period of my Life, I have since murdered my Mother, and I am now going to murder my Sister."

She then goes on through a series of lesser crimes to an



account of her imminent marriage and reformation and concludes by repeating:

"I am now going to murder my Sister."

Such a frank and complete fantasy-gratification of unconscious death-wishes is rare except in the dreams of children. It is most readily attained by adults, as it is here, through the extravagance of jest and childish make-believe. Yet this sort of "moral holiday" has great pleasure-value for others besides its creator, as Mr. G. K. Chesterton demonstrated in his preface when he singled out this confession for special praise as an example of the author's hilarity and a "certain neatness in the nonsense"(13). His testimony not only proves the success of the fantasy as an unconscious wishfulfillment; it also gives it the social approval and the partnership in guilt which are among the ends unconsciously sought by novelists when they share their fantasies with others.

This fantasy is moreover as complete a revelation of what Mr. Chesterton called the "gigantic inspiration of laughter" as we can expect to find. But it hardly shows that Jane Austen's "original passion" was, as he surmised, merely a "sort of joyous scorn and a fighting spirit against all that she regarded as morbid and lax and poisonously silly". It reveals rather the unconscious hatred of those who are consciously most beloved. Moreover it illustrates how intense feelings can themselves be made to disappear from consciousness while their aims are being carried out in fantasy. The unemotional tone of the confession of murder gives it its charm and unconscious magic. Yet the violent deeds express deadly hate, visited upon the first objects of infantile love, the agents of the first frustrations. Even the theme of punishment is present in the fantasy; but it is not consciously connected with the parents, whose murder is left quite unmotivated. With a characteristic twist the punishment is visited on the heroine herself and becomes for the unconscious the price of the fulfillment of the original incest wishes. In the end, the free confession and the release of repressed emotion apparently leave no residue of unconscious guilt. The heroine proceeds blithely

to the next murder, that of her sister (the next rival and mother-substitute). This is the natural course of events and left its mark on the novels.

None of Jane Austen's later heroines inherited the parricidal tendencies of Anna Parker, but several were deprived of their full complement of parents by the pen of their creator. Amid the extravagant adventures of *Love and Freindship* one of the lovely heroines forgets the "trifling circumstance" of the death of her parents (14). The first sentence of another early tale, *Kitty, or the Bower*, 1792, announces that its heroine "had the misfortune, as many heroines have had before her, of losing her parents when she was very young, and of being brought up under the care of a maiden aunt". This wish-fulfilling substitution, which also exalts the aunt at the expense of the mother, is duplicated and elaborated in later, published novels. Many of her heroines bear the loss of one parent more easily than they endure the neglect, the tyranny, the vanity, or the folly of the remaining parent, or the pride, the vulgarity, the condescensions of the relatives and elderly friends who take their places.

It was not however merely in the fates of fictitious parents or even in unflattering representations of their characters that the unconscious feelings that inspired this early murder-fantasy were subsequently expressed. Gradually, through years of living and writing, of suffering and surviving real disappointments, of looking upon the life about her and learning to accept the world of reality in greater measure, Jane Austen was able to make a finer weapon of her scorn and her wit and to fashion from her repressed desires more life-like creations. She advanced from the crude burlesque of pure fantasy to subtler and more realistic attacks on the world of reality without and the world of instinct within. Though her novels embodied the same old themes of infantile love and hate, they were more ingeniously disguised and combined with the stuff of life. The loving malice, the tolerant ridicule with which she set forth the world of her creation was both a sublimation of repressed disappointment and hate and also her defense



against the world of reality, her best substitute for the good, protective mother.

This creative and defensive sublimation was no doubt the means of her personal happiness. Her successful release of unconscious desires in fiction made this "independent intellect and laughing spirit . . . contented with a narrow domestic routine". If at the same time she shrank from "looking out of the window to notice the French Revolution" (15), her reluctance suggests the limitations of her unconscious defense. That spectacle of riotous hatred and murder must have seriously threatened her hard-won peace of mind, for it could not be routed with her best weapon, laughter.

1. AUSTEN-LEIGH, W. and R. A.: *Jane Austen. Her Life and Letters, a Family Record*. 1913. P. 336.

2. AUSTEN-LEIGH, J. E.: *Memoir of Jane Austen*. Ed. R. W. Chapman, 1926. Pp. 125-6. See letter to Lewes, 1848, in Mrs. Gaskell's *Life of Charlotte Brontë*.

3. Jan. 3, 1801. *Jane Austen's Letters to her Sister Cassandra and Others*. Ed. R. W. Chapman. 2 vols., 1932, I:99.

4. *Love and Freindship*, ed., with introduction, by G. K. Chesterton. 1922. Pp. 169-171.

5. *Sense and Sensibility, First Impressions (Pride and Prejudice)*, and *Northanger Abbey*, were written in 1796, 1797, and 1798, and published in 1811, 1813, and 1818.

6. AUSTEN-LEIGH, J. E.: *Memoir*. P. 84.

7. *The Watsons*, 1803-04, and *Lady Susan*, 1805, first published by J. E. Austen-Leigh, 1871, and reprinted by R. W. Chapman, 1925.

8. *Jane Austen's Letters*, II:297, re *Pride and Prejudice*, 1813.

9. *Ibid.*, II, 272, re *Sense and Sensibility*, 1811.

10. *Ibid.*, II, 449, re *Emma*, 1815.

11. *Jane Austen's Letters*, Introduction, p. XXXIX.

12. *Op. cit.*, p. 169.

13. *Ibid.*, preface, p. XI.

14. *Ibid.*, p. 21.

15. *Ibid.*, p. 16.

## BOOK REVIEWS

ROOTS OF CRIME. By Franz Alexander and William Healy. New York: Alfred A. Knopf, 1935. 305 pp.

Of special importance for the fate of psychoanalysis are its interlinking with alien disciplines and its serviceability to fields other than that of individual therapy. Doctors Alexander and Healy have ingeniously and creatively coöperated to increase the usefulness of the science in both of these respects.

Out of the great number of persons who have been treated and followed for years by the Judge Baker Guidance Center, eleven delinquents were selected who manifested an interest in a psychoanalysis. Seven of these received treatment, the longest for a period of about ten months and the shortest an exploratory study of about a month. The other four refused to coöperate after introductory interviews. The striking factor of the research is the confrontation of the material derived from these analyses with the facts already known about the offenders through the Guidance Center records, the latter facts derived from probation officers, social workers, medical examiners, psychiatrists, judges, and psychologists. Like a magnet passing over a field of iron filings the analytical study gives form and orientation to the disordered materials gained from these various points of view. This fact must be enough to recommend the book to any student of psychoanalysis.

The technique of reporting the cases included an introductory summary from Guidance Center records, a brief but pregnant resumé of the analytical findings, a confrontation of the two types of material, where each is found in fact to illuminate the other, and finally an epilogue tracing the career of the studied person after the analysis. It is valuable to have so complete a description of the conditions of the research as the authors give us.

It has been one of the inevitable defects of the psychoanalytic interview, regarded as a research technique, that auxiliary information about the actual life and social setting of the person must necessarily be missing. In just such cases as those studied by Alexander and Healy this missing social setting and outsider's history of the career are supplied. In view of these records there can be no doubt of the great value of case history material which is obtained from persons other than the analytical subject and which



is objectively pinned to names, dates, and places. A demand for more such studies would unquestionably strengthen and broaden the scientific position of psychoanalysis.

The amount of work done by the authors in a period of ten months is little short of astonishing. The conduct of the analyses, the taking of notes and the organization of materials is a ponderous research job and it has apparently been taken in stride by the authors. Part of the ingenuity of their work has been to select subjects on whom the material can be published, that is, those who have less than average protection from our social conventions of privacy. It may well be that our best analytical records will come from such types of persons.

Because of the abbreviated nature of the analyses it is difficult to judge the effectiveness of formulations used. In general, the oral period seems to be strongly stressed and the passive components are frequently observed, as well as the compensatory aggression arising from these insecurity states. One tends to wonder whether the cases happened to fall accidentally into a group of those with strong repressed passive tendencies. This is of course very tentative because it is not improbable that any group of patients might show such initial symptoms, but it is a matter of fact that one hears very little of characters centered on conflicts around anality or mature oedipus complex manifestations.

One of the findings of most value to non-analysts will be the fact that the criminal tendencies are not based alone or even significantly on reality conflicts with the milieu but that the criminal discordance with the milieu is symptomatic of deeper-lying emotional conflicts. In this sense it is true that the social milieu plays a relatively minor rôle in the case of neurotic criminals. It should be stressed, however, that this is true only when these criminals become adults; needless to stress, the family situation in which the first neurotic manifestations have been engendered is itself a social and cultural fact, as well as a biological fact, and the influence of social factors, therefore, is to be seen as well in the unconscious as in the conscious hostility of the criminal toward society.

It is to be noted that most of the types studied appear to have been petty criminals rather than bold and aggressive delinquents. For example, no bank robbers or professional killers were analyzed. If it were technically possible, the analysis of such a group might reveal a quite different locus of unconscious conflict than the pas-

sive receptive types which the authors seem in the main to have found.

The high sense of scientific honor of the writers is nowhere better shown than in the chapter on unsuccessful attempts to analyze. A theory of social discipline is brought forward in this chapter which is well worthy of serious thought, namely, that the discontented and underprivileged strata of the population see less sense in renouncing their aggressions against society because even when they do they are not rewarded by adequate compensatory gratification. This idea, of course, has already been brought forward by Dr. Alexander in an earlier book. Among factors important for the study of delinquents are the family environment, the peculiar balance in the individual life of gratification and renunciation, possible constitutional factors as yet ill-defined, the broader social environment, and certain general ideological trends. The clear discussion of these factors deserves to become part of our groundwork of thinking in reference to the criminal and delinquent person.

From the analytical side intimidation, deprivation and spoiling of the child are referred to as sources of emotional fixation and of the consequent neurotic character development which in certain cases, certain social classes, and certain ecological areas leads to delinquent behavior. The adequate working out of the theoretical section will, of course, require an expansion and repetition of such research as this. It is in many ways a pity that the research had to be so limited in time that its value must remain a prophecy of what can be done rather than a thorough exploration. Adequately to make all of the points intimated in this research would take a number of years. Let us hope that there is little delay in carrying this plan of attack forward.

Little is claimed in the way of therapeutic results and in fact not very much was achieved. This is very probably due to the hurried nature of the research and the extremely unfavorable social situation into which the delinquents were projected after their brief analytical encounter. The reviewer is inclined to believe with the authors that a more adequate set-up, a longer period of therapy, an indeterminate sentence, and a protected milieu after release would produce strikingly better therapeutic results. It is painful to think that the "reconstructive conditions" wished for after release might imply a far-going type of social and economic



reorganization which would get us completely off psychoanalytical grounds of thinking. Since most "ordinary" neurotics have a relatively secure social milieu, as compared with criminals, this is a fact that might not easily strike the conventional analyst, namely, that his therapeutic successes are materially aided and often exclusively determined by the favorable social situation to which the *analysand* returns.

Many pretty cultural points can be incidentally made from this study. The authors call attention to a hazard from the standpoint of analysis, that guards and prisoners frequently attempted to make the *analysand* uncomfortable in his wish to be well. The influence of a hostile family, well known to analysts, is small compared to the influence of a criminal milieu which is joined in an unconditional ridicule of the subject who undertakes the procedure. Similar hazards to therapeutic successes are pointed out in the texture of a criminal life and group to which the analyzed delinquent must often return. Again we see by contrast how important for the analyzed person it is to have a group which concurs in his major objectives, as is the case with most analyzed persons from the middle and upper classes.

It will be valuable in continuing researches of this type if an actual record of all the verbal contacts could be secured, since this would enable us to study the matter of interpretive bias on the part of the analyst, as well as to see more adequately the special conditions of the psychological life of the criminal. We can only hope that the authors will have the pleasure of seeing their creative coöperation continued and improved upon by other researchers in the near future.

JOHN DOLLARD (NEW HAVEN)

WAYWARD YOUTH. By August Aichhorn. With a foreword by Sigmund Freud and a note by the editors. Translated by Elizabeth Bryant, Julia Deming, Mary O'Neil Hawkins, George J. Mohr, Esther J. Mohr, Helen Ross and Hildegard Thun. New York: The Viking Press, 1935. 236 pp.

Wayward Youth is a translation of the German title, *Verwahrloste Jugend*, whose English equivalent is hard to define. It includes, as the author explains, not "merely delinquent and dissocial children, but also so-called problem children and others suffering from neurotic symptoms". Indeed, the cases presented in the first half

of the book belong largely to the latter class. Until we come to the discussion of children at the training school, we find scarcely any examples of typical delinquents such as are known in this country in the juvenile courts. This is noteworthy because the theoretical part of the book attempts a scientific formulation of delinquency which shall serve as a ground-work for treatment. The formulation is based, to a great extent, on psychoanalytic concepts.

The book is an orientation rather than a treatise, and its style is suggestive rather than authoritative. What Aichhorn says about one of his co-workers at the training school applies in general to his intuitive method of working: "The science of education has nothing to offer him in this respect, . . . the worker must be able to live himself into the situation so that these experiences become his." It is not that the subject matter resists interpretation, but that the nature of the task is dynamic rather than analytic. It requires immediate decision translated into action from the start. In his method of handling a new case, this is emphasized by the author from the first interview: "I consider this first moment of our coming together of the utmost importance. It is more than a 'feeling out' of the situation; it must have the appearance of certainty and sureness and must be put through as quickly as possible because in most cases it forms the foundation for our later relationship." It is a talent for alertness and precision of action which distinguishes Aichhorn's methods from those of others in this field, and it is fundamental to his work.

The work, as a whole, is divided into ten chapters, of which the first, the introduction, deals with the theory of education. Then follow four chapters on the definition and causes of delinquency. The next chapter is entitled "The Transference", in which some attempt is made to explain his method of treating cases which come to the clinic. Two chapters are then devoted to the care of adolescent boys in institutions, and two more to a theoretical discussion.

Aichhorn's theoretical conclusions are stated simply by him as follows: "Every child is at first an asocial being in that he demands direct primitive instinctual satisfaction without regard for the world around him . . . The task of upbringing is to lead the child from this asocial to a social state." This is accomplished in two stages. By actual experience the child learns to cope with a primitive reality. By education (in its broader usage) he is enabled to attain the cultural level of his community, that is to become



social. Both of these processes attain their aim by curbing instinctual drives. If the latter fails to achieve its end, then the individual's relations toward society will remain such that they cannot be accepted or tolerated. "The word 'delinquency' is an expression used to describe a relationship to people and things which is at variance with what society approves in the individual." These relations, which are the result of inner strivings, are patterned after the child's early relations to those figures of his childhood which are of all-engrossing importance,—the father, the mother, and the siblings. Like these, also, they are incompatible with the demands of reality. Consequently, there results a compromise which is the delinquent act itself, the transgression of which the community must take cognizance. In this respect, delinquency is comparable to a morbid condition whose symptoms may vary, or even temporarily disappear, such as for instance may happen due to external pressure, when a child is placed in an institution. It is the disease, however, and not its manifestation which it is important to correct. It is comparable with neurosis, whose origin also is in early childhood, the chief difference being that with neurotics, the conflict is to a greater extent located within the personality of the individual, whereas, with delinquents, it lies more between the individual and society. Another difference, according to Aichhorn, is that pain, or consciousness of suffering, is more characteristic of the neurotic symptom than of the delinquent act. But, this is only partially true for there are neurotic symptoms such as hysterical amnesias which are distinguished by their absence of pain, while many delinquent acts entail suffering to their authors. The problem of why a child under certain conditions becomes neurotic instead of delinquent, is not clearly stated, although it is suggested that in the latter case, the factors of chief importance have to do with the child's upbringing, harshness or brutality on the one hand, or over-indulgence on the other, too great affection by one of the parents, or deprivation of love. Here the sociological factors are naturally of greater importance as a cause of delinquency: "dissension in the home, death of parents, separated parents, second marriages with step-parents, objectionable foster parents, adultery". Just as there is no sharp distinction between the etiology of these two conditions, so also there is no definite landmark to separate the conditions themselves. This lack of distinction is reflected in the classification of delinquency into: "(1) Border-line neurotic cases with dissocial

symptoms, and (2) dissocial cases in which that part of the ego giving rise to the dissocial behavior shows no trace of neurosis." In the first type, the importance of understanding and solving the underlying conflict is necessary, and, here, a knowledge of analysis is an important aid, while in the second type that part of the person's character must be changed which has remained defective by virtue of faulty education.

In this short summary, it can be seen that the author's attitude toward the subject is derived more from a pædagogical or sociological, than from a psychoanalytic way of thinking. His interest lies more in integrating the delinquent with society, than in discovering the hidden roots of his behavior. The concept of delinquency, itself, is a sociological rather than a psychoanalytic concept. And this becomes particularly clear when we examine case histories, for some of these cases might certainly be classified as neurotics rather than delinquents, depending on the criterion which is used. Whereas, the task of the psychoanalyst is to change the individual so that he can make for himself a happy adjustment, the task of the educator is to change the individual so that he can make an adequate adjustment to society. This, however, is not quite accurate, for in both situations, strictly speaking, it is not the individual who is changed, but only a part of him; in the one case, his intrapsychic relations, and in the other, his relations to the community. The simplification of this approach to the subject indicates the method to be used for its solution. If education is primarily to blame, then reëducation must be used to rectify the error.

Let us now examine some of the cases and see how far this holds true.

The first case is that of the unmotivated running away from home of a thirteen year old boy. Cases such as these are fairly common in child guidance clinics, and always of a puzzling nature. In this case the puzzle was partially solved not by a resort to interpretation of unconscious material, but by a careful analysis of the possible motives operating. The delinquency here is shown to be the result of contrary "psychic forces which found no socially acceptable outlet". The diagnosis of delinquency in this case can be assumed to be correct only if we accept the formulation given above.

This is also true of the four cases cited in chapter three. Two of them are pathological depressions precipitated by severe psycho-



logical traumas, the one resulting in vagrancy, the other in maladjustment at home, the other two are school problems, resulting, in the one case from an early childhood experience at the age of four, and in the other from an act of hostility against a dying mother which engendered a severe feeling of guilt. All of these cases fall under the first classification. The dissocial symptoms characterized as delinquency, are obviously the symptoms of neurosis. In the first case, for instance, of a boy of sixteen who had slept with his mother till she was killed in a factory accident, Aichhorn says: "According to our formulation, the latent delinquency must have existed before he went to his sister's (i.e., after his mother's death when the vagrancy started); in other words, before there was any overt dissocial behavior . . ." This is admissible only if we regard the matter merely from the viewpoint of the community's interest, and not that of the mental and emotional functioning of the boy.

Three chapters, of which the third is entitled *The Transference*, give some understanding of how Aichhorn carries out the treatment. They are important because they describe a fresh point of view in therapeutic procedure, one in which the emphasis is on dynamic reëducation rather than on analytic interpretation. The author does not distinguish clearly between these two aspects. In order to explain the latter, we will recapitulate.

It has been stated that in neurosis the conflict lies more within the personality of the individual, while in delinquency, it is manifested to a greater extent between the delinquent and society. It follows as a corollary that the difficulty in any procedure with delinquents is to establish a bridge of contact. "The necessity for bringing the child into a good relationship to his mentor is of prime importance. The worker cannot leave this to chance; he must deliberately achieve it . . . ; because only thus can he know what attitude to adopt." In this respect, delinquents are opposite from neurotics, for the latter are continually demanding help, while the former persist in rejecting it. Their refusal to join in social relationships has for them an important function in augmenting their self-esteem to the same extent that it isolates them from the community. Just as a sense of civic pride increases the self-respect of members in a community, the delinquent's feeling of self-esteem is heightened by his ability to stand alone. Here the danger is largely external, and whatever undermines the individual's evalu-

ation of himself is a menace which is difficult for him to tolerate. Help is an insinuation of weakness, and when made on the delinquent's behalf it is stoutly resisted. In order to traverse the distance between delinquent and worker, it is necessary, therefore, for the latter to assume the former's position, and stand on a footing of equality. He must adopt his point of view,—not try to take his side. A unity of aim will be created and not a bond of sympathy,—an identification in which the emphasis is deflected from the individual and displaced onto a common interest.

Let us now consider some of the details in the treatment of the case of a seventeen-year-old boy who had been brought to the clinic by an irate father. The boy suddenly ran away from home and disappeared for several days. When he was finally returned by the police, he refused to talk, and despite pressure brought by his father, which consisted in alternate beatings and kindnesses, he kept silent, refused to work, and led a dissipated existence. It was all the stranger, because prior to his running away he had been exemplary. In the clinic, he still refused to talk, though he knew he would probably be sent to an institution. He gave an impression of indifference, and was uncoöperative. We shall here give the conversation which ensued between Aichhorn and the boy:

Aichhorn: "I must ask you various questions and I'll make you a proposition."

"What?" The tone betrayed expectation.

"That you don't answer any question you don't like."

"How do you mean?" He was astonished and incredulous.

"The questions you don't like, you need not answer, or you may tell me it's none of my business."

"Why do you say that?"

"Because I'm not a detective nor a policeman and I don't need to know everything. Anyway, you wouldn't tell me the truth if I asked questions you didn't like."

"How do you know that?"

"Because that is what everybody does and you are no exception. I wouldn't tell everything either to someone whom I'd met for the first time."

"But, if I talk and tell you lies, will you know that too?"

"No, but that would be too bad. And, anyway, it isn't necessary because I don't want to force you to answer me."



The boy finally agreed, and Aichhorn offered him his hand, "which he took eagerly".

Let us examine this fragment more minutely, for it is a good example of Aichhorn's method. One may follow the interchange of ideas like manoeuvres in a game. On the surface, it is a struggle between acceptance and refusal of Aichhorn's proposal, but the deeper issue to be decided is the boy's allegiance to his father. The first move is a complete surprise, and the boy is thrown off his guard. He expected this man would treat him no better than his father, but instead he appears more like an equal. The boy's curiosity is aroused. For the moment he is in a state of uncertainty. His attitude is no longer that of indifference. Paraphrasing the superficial content, its meaning is somewhat as follows: "I am not like your father. He treats you like a policeman or detective. I would lie to such a father if I were in your position. In this we are both alike, and, therefore, you may treat me like an equal. In this, also, we have the same point of view, and we share one interest together,—the mutual antagonism to so autocratic a father. I know that you have the power to deceive me, and I should not discover it if you do. In this respect you may be like your father (because that is what everybody does and you are no exception), but since we are equal, it would be a pity to take this advantage." The unconscious significance however, is not less clear: "I am your father, not that other man who treated you so badly. I know that you lie for I can read your secrets, but I forgive you. You think that I am weak like that other man who could not make you tell anything. But I am superior for I don't need to know everything. You are in great need of help and I can help you if you ask."

In the boy's replies, one sees a continual shift of feeling till the final acceptance occurs. The handshake again has two meanings. On the surface, it denotes equality, brotherhood. Beneath this, it signifies submission and the desire to be loved. A partnership has been established in which the importance attached to the individual's self-esteem has been displaced onto a common interest. The deeper emotional aspects, and particularly their unconscious derivatives remain unnoticed, but succeed in smuggling themselves into the formation of a personal attachment. The inherent need of the child for assistance emerges under the guise of equality and mutual independence. The relationship of father and son is concealed

beneath the standard of brotherhood. To express this in another way, outwardly the worker displays a detached objectivity while inwardly he is ready to help. With the boy it is just the reverse, for consciously he loses sight of everything but a focus of common interest, while unconsciously he is striving toward a closer relationship.

In the foregoing case, as also in the case which precedes it, the treatment consists in Aichhorn's assuming a paternal rôle. Both of the boys were sons of factory foremen. Each had met with a serious disappointment and each had responded with revolt, in the one case against the domestic tyranny of a widowed mother, in the other against the neglect of a well-meaning, though pedantic father. This had led the one boy to lazy aggressive behavior, the other, to running away from home as an escape from suicide. In both cases the family life had been disrupted. The treatment which was carried out effectually by Aichhorn was accomplished in such a manner that it was possible to satisfy the unconscious demands for a father surrogate, while ostensibly he took the more modest rôle of friend or counselor.

Although a tentative psychoanalytic reconstruction of the material is presented in both cases, the treatment is not based so much on the correctness of these opinions as on two essential factors: first, the boys' unconscious feminine tendencies (in neither case had the boy established heterosexual relationships) and secondly, that under their mask of dissocial behavior could be discerned their great need for help. Of the first case, but applicable to both, Aichhorn says: "The boy responded at once when he felt that he was talking to someone who really understood his misery." It is rather to the immediate recognition and utilization of these two points than to the application of psychoanalytic interpretation to the problems, that the treatment owes its success.

In all these situations there are certain elements which are essentially the same. These are the external danger, the injury to the individual's narcissism or self-esteem, and the approximation of the state of the individual to that of a helpless child. The more sudden and violent the transition, the greater becomes the malleability of the whole psychological structure. An attitude of haughty indifference is changed into one of submission, admiration succeeds on contempt, and hostility is replaced by devotion. That is to say, one group of feelings may be replaced by another almost



exactly the opposite. Such metamorphoses are, of course, common phenomena. They may be witnessed, for instance, in religious conversions. But in their application to methods of rehabilitation of delinquents they have seldom been utilized or studied. It is in the introduction and recognition of such measures that Aichhorn's original contribution is to be found.

It is unfortunate that the author has used the word *transference* to denote the relationship which has to be artificially established between the delinquent and the worker. Aichhorn says: "When we speak of the transference in connection with social reëducation we mean the emotional response of the pupil toward the educator or counselor or therapist, as the case may be . . . ," and in the rest of the book he uses the words *relation* and *transference* interchangeably. *Transference*, we think, should be reserved as a technical expression to signify the relationship which develops under the artificial condition of analysis. It is true that the child's attitude toward teacher or educator is patterned after still earlier relationships which ultimately refer to the parents. In this sense it is "transferred". But it is equally a relation to the present reality, for it is of consequence to the child whether the teacher is lenient or harsh, and whether the person in authority is clever or foolish. And with aggressive or hostile tendencies the first task of the educator is not to modify these by interpretation, but to change the environment.

This may be appreciated still more clearly if we study the methods employed in the chapters *The Training School* and *The Aggressive Group*, where one may observe Aichhorn's talent for moulding the environment in such a manner as to evoke the desired response.

In the first chapter, two kinds of institutions are graphically depicted: the older type with a tendency toward centralization, with greater economy, and with emphasis on discipline and order; the more modern type, with decentralized smaller groups, internally a greater flexibility in meeting the needs of the adolescent youths, and externally the appearance of confusion and chaos in the management. Incidentally, the method used in the formation of the smaller groups was arrived at empirically. It is based on two well known truths in the psychology of crowds,—the one that "Birds of a feather flock together", and the other that the purpose of direction of the group is not inherent in the mass and may be determined by

the domination of the leader. The principles involved find a more technical explanation in Freud's "Group Psychology and the Analysis of the Ego". In the second chapter something like a miracle is experimentally performed with a small group of boys who are waifs and outcasts from society. This group was created by selecting from the other groups the toughest elements, rebels and malcontents who could not get along elsewhere, and herding them together. All of them—there were twelve—had suffered great hardships and deprivations and all had been reared in an unsuitable environment. Apart from their similar origins and their quarrelsome dispositions they had little in common with each other. The problem was how to treat them in order to win their allegiance. To place the members of this group in a position of such imminent peril as to render them helpless would seem, indeed, an impossibility, for all of them had been exposed to danger since childhood.

In describing the delinquent as undeveloped Aichhorn has compared him to a child: "He possesses little capacity for repressing instinctual impulses and for directive energy away from primitive goals. . . . We, therefore, find in them a proportionately increased thirst for pleasure and for primitive forms of instinctual gratification. They lack inhibitions and they have a strong though distorted craving for affection. If the delinquency is to be cured rather than repressed, we must meet these needs. . . ." The most constant psychological characteristic of these boys was their reaction of hatred manifested by outbreaks of rage. Instead of attempting to restrain them with severity, Aichhorn created an environment in which they were allowed to flourish unmolested: "Our motto was", he writes, "as far as possible, let the boys alone." The workers were only to interfere when it was necessary to prevent injuries arising from personal combats and never to take sides. The only treatment was "a consistently friendly attitude, wholesome occupation, plenty of play to prevent aggression, and repeated talks with the individual members". They were placed in one of the older buildings, and given complete liberty. To what extent they availed themselves of it may be seen in the following passage: "As a direct result of our attitude, their aggressive acts became more frequent and more violent until practically all the furniture in the building was destroyed, the window panes broken, the doors nearly kicked to pieces."

As one reads about the management of this group of young



gangsters one is inevitably reminded of a carefully padded nursery where the children are protected from harm but otherwise permitted to do what they please even if it be to destroy their playthings. Behind the visible appearance of an unlimited domain of power, was revealed the helplessness and futility of the child. Try as they might, they were unable to arouse the anger of their guardians. Their aggressions which continually increased, in the end fell short of the mark and became a sort of shadow-boxing. A collapse of their morale was inevitable. This was accompanied by a strong outpouring of emotion, in which weeping was mingled with relief.

Aichhorn explains the increase in the aggression of the boys, first, as an attitude of contempt for the workers: "They are afraid of us; therefore, we can do as we please", and secondly, as an unconscious desire to bring upon themselves the punishment or "severity from the worker". "This severity had to be provoked in order to give him rational grounds for hating the worker. If he failed to secure this response, he would no longer have any justification for his whole attitude toward life." Hence, when they were unable to do this, they broke down.

This explanation which also assumes "unconscious guilt feelings" is not at all satisfactory. Contempt can hardly explain the increase in aggression since the boys had been left full liberty from the beginning. On the other hand, an unconscious desire for punishment, if, indeed, we are to assume that it exists in these delinquents, would not explain the cessation of their aggressions which according to this theory would be calculated to procure this punishment. Consequently, we must here assume another motive. We should suspect that the preliminary increase in aggression toward the workers was not due to contempt but rather to fear. We must recall the new situation occurred as a bewildering surprise, and as such must have been in the nature of a shock, something which they could not reconcile with anything in their past experience. Like sailors without a compass, they had lost their bearings, and anxiety made them react in the only way they knew how, which was by attacking. But this anachronistic procedure which was borrowed from their childhood was rendered inept and foolish by the friendly but detached attitude of the workers. If we may add to the depletion of their self-esteem, the deprivation of instinctual gratification which they were accustomed to obtain

through indulging in cruelty to others, we may readily realize to what a state of helplessness they had been reduced, and that the more passive needs of being loved and cared for which had been long in abeyance might manifest themselves once more though only in the distorted form of a masochistic desire. Among these passive aims there is one which is particularly noticeable, and that is the desire to be looked at. This is conspicuous in the faked aggressions which came to take the place of the genuine ones. Here it becomes clear that they were merely to obtain attention, much as a tired child when its natural energy is exhausted will provoke a spanking from the nurse. That latent homosexual tendencies were able to make use of these passive outbursts seems not unlikely, and would explain the strong attachments, jealous rivalries and interim of emotional instability which followed.

The period of reëducation begins after these personal attachments and ties of dependency have been formed. It is during this time that acceptance and incorporation of social ideals, in this case, the standards set by the workers in the institution, takes place, and allegiance to the interests of the group is substituted for personal friendship to the worker. Of the actual carrying out of this phase, Aichhorn has relatively little to say: "People have often inquired what special educational methods we used. We really had no prescribed methods. When anything happened, such as a fight, a theft, or any great disturbance, all inevitable in an institution, I sent for the participants to talk things over. This talking together and an attitude of forgiveness toward even the worst offenses seemed to us our most valuable method." The principle underlying this phase is, however, well-defined, and holds true for education in general: "Specific educational methods are far less important than an attitude which brings the child into contact with reality. We must give the pupils experiences which fit them for life outside and not for the artificial life of an institution. The more the life of the institution conforms to an actual social community, the more certain is the social rehabilitation of the child." There is, therefore, an opposition of aims between the two phases. In the initial period, the attempt is made at the expense of reality to create personal attachments to the worker, and bring about a feeling of dependence, while in the latter phase the sense of reality is developed, and the personal relations to the worker are loosened. In this connection, a practical evaluation of the actual satisfaction



to be derived from an adequate adjustment is of great importance. Treatment, when successful with neurotics, implies that they will be able to function to greater advantage. With delinquents, the assumption is also implicit that after they are integrated with the community, they will derive more satisfaction through the new relations which are formed. Permanent success must be measured by the extent to which this is true.

In conclusion, we might say that the importance of the book is not in elucidating the application of psychoanalysis to the field of delinquency, but rather in the evolution of reëducational methods which are circumscribed and definitive. In the short foreword appended to the English translation, Freud says: "One must not be led astray by the statement, quite justified in another sense, that psychoanalysis of the adult neurotic may be compared to reëducation. The child, even the wayward and delinquent child, should not be compared to the adult neurotic and reëducation is something quite different from the education of the immature."

The last two chapters in the book are concerned with an attempt to give a fuller theoretic explanation. These add very little to the rest of the work. They are merely a restatement in simplified form of what has already been said by Freud in *The Ego and the Id*, and *Group Psychology and the Analysis of the Ego*. It cannot be said that they have a specific application to delinquency, though perhaps for readers who are unfamiliar with psychoanalysis, they may be of help.

The translators are to be commended for their painstaking efforts.

SYDNEY BIDDLE (PHILADELPHIA)

OUTLINES OF GENERAL PSYCHOPATHOLOGY. By William Malamud, M.D. New York: W. W. Norton and Company, 1935. 462 pp.

In this book Dr. Malamud has systematized the material of psychopathology, the generalizations and theories of others in this field, and his own. To study it is to realize poignantly how much we have needed so carefully organized a text and treatise. In some respects, its execution may not always do full justice to the knowledge of the author nor the plan of his book. It would be equally instructive and more easily assimilated if the outline of psycho-

pathological data and terminology were less minute, if there were less repetition and qualification, if clinical illustrations were more abundant, if the effort to present and reconcile various viewpoints were less involved, and if the index were more complete. But one notes these imperfections, and some confusion about certain aspects of psychoanalysis (which we shall discuss later at length) because the book as a whole is important and because so well-qualified a psychopathologist has organized his subject so effectively.

The chapters are grouped under four main headings. In Part I, Dr. Malamud defines psychopathology as "a science that deals with the recognition, description, classification, and understanding of phenomena of abnormal mental activity" (p. 10, Glossary). He distinguishes psychiatry from psychopathology: the main objectives of psychiatry, according to his definition, are the demonstration of disturbed functions and their treatment; those of psychopathology are the discovery of the purpose and development of these abnormalities as reactions to special circumstances (pp. 27-8, Glossary). He discusses the scope of psychopathology, its application to non-medical subjects, the techniques of investigation, and the evaluation of the data. Part II is a detailed description of abnormal mental symptoms, systematically classified as those of General Behavior, Reception (of environmental impressions), Intellection, and Experience. In Part III, the author considers the "phylogenetic" (i.e., hereditary), ontogenic, situational, and organic determinants of psychopathological patterns. In Part IV, he groups various classifications of mental diseases which are used by psychiatrists as "descriptive", "etiological", "prognostic", and "therapeutic". He discusses each and presents a classification of his own based upon the dynamic principles presented as his own concept of Personality Structure at the conclusion of Part III.

Many interesting remarks which are provocative of further thought and study may easily be overlooked. Such, for example, are the author's *experimental* demonstration that some perceptions forgotten by the subject are recovered in his dreams (p. 197); that sense of reality is dependent on interest as well as reality testing by perception and reason (p. 202); that the evolutionary value of motility is the capacity to change environment (p. 354); that self-preservation is only one aspect of the more general tendency to assert oneself in relation to environment (p. 355); that affect is the



expression of the need of *selection* of environmental objects essential to the needs of self-assertion (p. 358); that the coincidence of strong herding tendencies with migratory habits (p. 366) has important theoretical implications.

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Dr. Malamud's book is both a textbook and a compendium, but it is more. It is also a treatise culminating in the author's own "Theory of Personality Structure", whose premises and their logical development and consequences must be examined critically. This is not always an easy task. It involves particularly Dr. Malamud's exposition, criticism, and utilization of various aspects of psychoanalysis. He acknowledges in several places the importance of psychoanalysis as a major stimulus in the development of the modern viewpoint he represents—that of a dynamic psychopathology rooted in the principle that an abnormality is purposeful, the inevitable reaction to all the circumstances involved; and some of Freud's early contributions are admirably summarized. Nevertheless, those who depend on Dr. Malamud's discussion for an introduction to psychoanalysis will neither be as well instructed on this subject as he intends, nor in a position to differentiate what Freud has contributed to the author's views from what he has not.

The demonstration that responses to situations are determined in part by past experience (pp. 53-4) is not attributed to Freud, and the traumatic theory of hysteria (p. 282) is attributed to Charcot, not to Breuer. Freud's description of "identification" is unmentioned (p. 241), and in another place it is implied that identification is equivalent to love (p. 292). Psychoanalysts, and many other psychiatrists as well, will raise an eyebrow at the author's statements that according to psychoanalysts "the first manifestations of [masturbation] . . . are considered to take place about the age of five or six and even before" (p. 159)—as though countless mothers had not observed it in the cradle; that during the latency period "the child may or may not develop [sexual] attachments to other persons" (p. 159)—as though analysts regarded some children as oblivious to sexual interests during this period; that homosexual interests begin with adolescent "crushes", and "actual homosexual activities do not very frequently occur on this basis" (p. 159); that psychoanalytic inductions are made from "the investigation of psychopathological material only . . . the whole approach instead of being taken from the point of view of the personality as a whole,

is taken from the point of view of some particular aspect of it" (p. 345). Are Freud's contributions to errors, dreams, humor, anthropology, religion, group psychology, art, character development, childhood development, and conscience and ideals to be completely ignored?

This type of inaccuracy in the exposition of psychoanalysis—and there are many other examples—is annoying and misleading. But of greater importance is the fact that it is from the author's criticism of Freud's theories that his own emerges. Under the caption, Personality Structure, and the sub-heading, The Psychoanalytic System, his presentation is confined to an account of repression, and the conscious, preconscious, and unconscious mental systems. As far as it goes, it is satisfactory. But it omits discussion of Freud's concepts of the conflict of ego and instinct, and then immediately proceeds from this antiquated version of Freud's conception of the personality to contrast Kahn's views of *impulse*, *temperament*, and *character*. Actually much of this account of Kahn's views approximates, except in technical terminology, Freud's exposition of the functions and interrelationships of id, ego, and superego. But Dr. Malamud states that Kahn, *in contrast to Freud*, regards the impulse as "an animal vital urge towards an ultimately biological satisfaction of need", an urge "emanating . . . from the physical structure of the organism" (p. 346), and is apparently unaware of Freud's insistence from *The Three Contributions* (1900) till today that mental life is an expression of impulses whose source is biological. He does not recognize Freud's clear distinction between the Unconscious as a psychological concept, and the id as an instinctual, therefore biological, source of unconscious fantasies (p. 341). Any doubt that Dr. Malamud has not recognized—at any rate not made clear—Freud's concepts of ego and character formation is dispelled when he contrasts his version of psychoanalytic theory with the statement that Kahn differs from Freud in approaching psychopathology from the standpoint of the whole personality rather than some special aspect of it (p. 350). Nowhere is the essential point made that Kahn, *in contrast to Freud*, regards the hereditary components of temperament and character, as well as the impulses (instincts), as decisive. Dr. Malamud has tried to be impartially judicial; actually he has made Kahn his mouthpiece for accusing Freud of neglecting the



very things which Freud has always insisted upon. Kahn may not be more pleased with this than the founder of psychoanalysis.

The author proceeds to his own concept of "personality structure". The "adjustment organization", he proposes (p. 352), is the result of the character of three basic principles, which he calls *self-assertion*, *accretion*, and *ratiocination*. "Self-assertion", as used by him, is the tendency to resist encroachment by others; it includes both "self-preservation" and "self-extension"—the tendency to occupy as much of the environment as possible (p. 255), to influence and participate in the lives of others. "Accretion" is defined as "the tendency to grow and propagate" (p. 354 and pp. 360-1). "Ratiocination" is "the method of appreciation of relationships" (p. 354 and p. 360); "the function which deals with the determination of relationships, . . . arranging the various contents of a situation according to their occurrence in time and space, in terms of logical categories" (p. 361)—hence "ratiocination" is what is usually called the intellect, the rational faculty. Dr. Malamud regards personality structure as a synthesis of these three functions. "Normal adjustment is conditioned by a special form of relationship between these three structures of personality" (p. 363). All psychopathological phenomena, he concludes, may be described as a disturbance of one or more of these functions. And they may be classified as various types of reactions to such disturbances.

Seeking in these principles a solution of the complexities and difficulties he so freely acknowledges, Dr. Malamud also reveals his difficulty in assimilating and presenting lucidly and completely the conclusions of Freud. So long as Freud expounds only the relationship of unconscious motive to symptom and behavior, there is no difficulty. But when the implication is unavoidable that unconscious drives also affect the intellectual faculties and determine events which appear consciously as primarily rational choices—and this implication is unavoidable as soon as the modern psychoanalytic concept of the ego as an organization of unconscious as well as conscious impulses is accepted—Dr. Malamud takes another path. He himself considers the "principle of ratiocination", not merely as evidence of mental health, but as the decisive factor determining it. In Dr. Malamud's words, ratiocination "is the controlling method in the adjustment of human beings and the activities emanating from the other two aspects (self-assertion and accretion); *they are modified and governed by it*" (p. 354) (*italics*

the reviewer's). The author, therefore, postulates that the healthy intellect is an independent, a *dynamic* component of personality, a primary agent in effecting the control of irrational drives and the environment. It follows from this premise that abnormal emotional disturbances are secondary to the failure of the intellect, and he should then logically spare himself the effort to describe the emotional determinants of a psychopathological reaction.

But such logical consistency is lacking. Here and there, Dr. Malamud recognizes "the wish being father to the thought" (pp. 114, 216), and the emotional determinants of Will (p. 117). Such references are, however, incidental, and contradictory to his major conclusion. He says, indeed: "the urge for ratiocination arises in relation to . . . the functions of self-assertion and accretion, and even out of ratiocination itself. In this sense and in this sense only can ratiocination be considered as the controlling feature of the mental activities of the human being" (p. 361). But he concludes, at the end of this very same paragraph: "All of the tendencies in the individual, therefore, even though they retain a certain amount of autonomic independent existence, will, before they are gratified, be subjected to the scrutiny of the function of ratiocination" (p. 363). Furthermore: "mental activities discussed under the aspect of intelligence are activated primarily by the necessity of ratiocination . . . feelings, attitudes, emotions, and so on . . . by the tendency to grow, . . . resistance and aggression belong to the aspect of self-assertion" (p. 363).

If Dr. Malamud is to be consistent, he cannot agree with psychoanalysis that intellectual *judgment* is not the equivalent of intellectual *control*, that healthy intellectual processes do not always achieve the solutions of instinctual problems, that they serve not only our wish to know, but frequently our wish to conceal. Thus, Dr. Malamud regards the prompt appreciation of a joke as an intellectual function, and the failure to appreciate it as the result of an intellectual defect (p. 94). Similarly he considers that "the soldier . . . is forced by considerations of ratiocination to hold to his established standards of loyalty" (p. 390). But why should the author interpret psychoanalysis from the standpoint of his own views as to the supremacy of reason, as he does, for example, when he ascribes the effectiveness of the analytic method to "weakening of the repressive force of ratiocination" (p. 389).

In this statement, and in his major theory as well, Dr. Malamud



approaches much more closely the views expressed by Freud in *The Interpretation of Dreams*, published in 1900, than those of any subsequent work. At that time, Freud regarded the hypothetical censor as a representative of waking rational processes. Conflict was considered as the opposition of the conscious mind to desires judged to be a menace to self-preservation. This is the principle of a dynamic and healthy intelligence, separate and distinct, and often in opposition to primitive cravings. But this was long ago. The censor has long been replaced in psychoanalytic theory by the more adequate concept of the ego, and the ego, including its function of repression, has long been recognized as a department of the personality whose activities are not all conscious and equivalent to acts of judgment and volition, but are to a very considerable extent dependent upon the biological energies which have been highly organized and synthesized in the course of psychological development.

This reviewer does not imply that Dr. Malamud intends the reader to orient himself from the beginning by a dualistic approach to psychopathology. It may be that other students will not find it necessary to interpret earlier portions of the book from the standpoint of his ultimate conclusion. But the reviewer himself was otherwise unable to understand why Dr. Malamud summarized some aspects of analysis so well, while other important aspects were omitted or garbled; why he emphasized the importance of unconscious data, and ignored the basically biological aspect of Freud's theories; why he discussed Freud's early description of conflict, and ignored his later treatises on the ego and the need for punishment. Only in the light of his final conclusion did the inequalities of his appraisal and exposition of psychoanalysis appear intelligible. It then seemed to the reviewer that the author had unwittingly attempted a logical *tour de force*. The book had proceeded from a monistically oriented exposition to an unambiguously dualistic conclusion. It is only then that the author rests on a foundation—his own concept—which is satisfying and clear to him and to the critical reader. But till this point was reached, it was not clear how so thorough a student of both the clinical material of psychopathology and the works of Freud, a student who is also convinced by his own observations of the actuality of unconscious mental processes and the purposefulness of psychopathological reactions, should yet have failed to assimilate so much of psychoanalysis.

For, if his exposition of the dynamic rôle of ratiocination as a function equivalent to instinct is right, then the basic concepts of psychoanalysis are wrong. If it is right, then the meticulous effort to define the psychoanalytic view of the unconscious, of ontogenesis, of conflict, and of personality structure, could well have been omitted. Dr. Malamud has, therefore, inadvertently demonstrated that a psychopathology derived from a dualistic premise, expressed or implied, is compatible with early psychoanalysis before the study and theory of the ego developed, but not with its developments during the last twenty-five years.

The value of the complete book as an introduction to clinical psychiatry, or as a further stimulus to those who have studied psychopathology for many years, is determined neither by its references to psychoanalysis, nor by the reader's orientation to its ultimate thesis. It could be shorter and simpler, but it should have its place in every psychiatrist's library. At least, this reviewer has found in it an unusual stimulus to careful study and further thinking—and that evokes both a recognition of its shortcomings and a sincere appreciation of its values.

IVES HENDRICK (BOSTON)

GUIDING YOUR CHILD THROUGH THE FORMATIVE YEARS. From Birth to the Age of Five. By Winifred De Kok, M.R.C.S., L.R.C.P. New York: Emerson Books, Inc., 1935. 191 pp.

This is a book that would ultimately have had to be written. The numerous parents who ask psychoanalytic lecturers again and again, "What book can I read which will help me understand my children?", can without hesitation be directed to Dr. De Kok's book. Simply and clearly it meets all the usual problems that confront the mother of a child from its birth to the age of five. Dr. De Kok's experience in using her psychoanalytic understanding constructively in raising her own two children, gives the book a practical value for parents which exposition alone never accomplishes. She writes primarily as a mother, rather than as a physician, and the observations of her daughter and son with which she freely illustrates her suggestions for guidance, give clarity to her own attitude and the attitude she desires to inculcate in parents toward their children in meeting typical critical situations of childhood. The illustrative case material is the most helpful part of the book for parents to whom it is primarily addressed. For analysts, it is a



contribution to the corroborative analytic source material of childhood seen in the process of development. The author's use of simple language tends to dispel the feelings of anxiety usually aroused in the average parent when the behavior of childhood is described in technical terms. A conversational approach to the subject has the effect of eliminating the usual barrier between writer and reader, thus giving the book the directness and simplicity of a talk between two parents.

The first three chapters on Birth, Weaning, and Excretion, lay the foundation for a psychoanalytic understanding of the child's development in the first and second years. The author explains to the mother the practical operation of the pleasure principle in the feeding and care of the suckling infant, and its importance to the infant in the process and method of weaning. She emphasizes the child's need for mothering, and is inclined to find virtue in what Bernfeld terms the *fœtusphile* attitude, even for example, in the use of swaddling clothes by Italian mothers. Observations of her own children illustrate the working of the pleasure principle in the function of excretion, and on this basis the author stresses the importance for the child's physical and psychic health, of not setting up a conflict between the child's interest in its "creations", and the adult's reaction-formations.

Throughout the book habit training is regarded less as the result of adherence to a rigid routine, than as the result of an understanding of the growth and mode of expression of the instinctual impulses, and of adaptability and flexibility in meeting specific situations in relation to them. The chapter on the "bad habits" of infancy, such as thumb-sucking and its variations, and masturbation, does a great deal to dispel parents' anxieties about the possibility of physical and moral injury resulting therefrom. One of the best chapters is the one entitled Sex Education, which quotes at some length, conversations between child and parent on sexual subjects. The parent meets all of the vital issues: observations of sexual differences between girls and boys, questions about birth, conception, pregnancy, and intercourse, with simplicity and with satisfaction to the child. The same simple, sensible attitude characterizes her advice concerning the handling of fears and tantrums of children. Her emphasis is on the normality of such behavior. The child has a right to give vent openly to rage in many situations of frustration, and it is good that his fears be permitted free expres-

sion. The author is always more concerned with describing the outward manifestations of instinct and ego development than in probing into the course of their development. She deals most gently with the oedipus complex and castration anxiety. She gives practical advice for dealing with such problems as those arising from sibling rivalry. She believes that a three or four year interval between the first born and the second, is the most suitable interval for the children's psychological welfare.

In meeting the problems of childhood with psychoanalytic understanding, the author makes clear that the freedom of the adult is in no way sacrificed although the goal of the process is freedom and independence for the child. The author is impressed with the capacity of children to teach themselves. Sublimations take place of their own accord, in the development of language, use of the imagination, in rhythm, in music. In her attitude toward such manifestations in her children and in her suggestions for the encouragement of originality in play, the author shows the skill of one who has a fundamental sympathy with children. There are innumerable good practical suggestions useful for the "single-handed" mother for whom the book is written. The "single-handed" mother is, according to the author, in the best position to cultivate a strong sense of reality in her children, by enlisting their natural interest in normal household activities, and thus giving them a feeling of actually sharing the family work and life.

The conclusion that seems warrantable from this picture of guidance in the first five years, is that the desired aims of the adult in rearing children are more easily gained, and with reduced chances of symptom-formation and regression, with the application of psychoanalytic understanding to child training than without it. I can corroborate this conclusion, along with many other observations of the author, from my own notes on a child's growth throughout the same age period. Though it is not her purpose to develop the personal history of the children into a complete picture, one might wish, from the charming glimpses one gets of them, for a more complete progressive account of their development from instinctual expression into ego growth. The emphasis is, however, on guidance for parents, and for this purpose the book gives as clear a picture as there is of the trends in a good, normal development of a child.

MARIE H. BRIEHL (NEW YORK)



BASIC PROBLEMS OF CRIMINOLOGY. By Olaf Kinberg. Copenhagen: Levin and Munksgaard, 1935. 436 pp.

We have here a scholarly though conventional treatment of the problems of criminology. The author considers at length the problem of imputation of responsibility to the criminal for the criminal act and rejects it as a serviceable legal convention. Much useful information on the psychiatric views of Greek and Roman jurisprudence is provided. Reference is made to findings with regard to criminology from anthropology, sociology, and "organic" psychiatry. So far as these disciplines permit a review of criminal problems, the author's approach is thorough and thoughtful. The nigger in the woodpile is, of course, that they do not alone permit an approach to the criminal and Professor Kinberg has no substitute to offer for the indispensable psychology of the individual life which is required. The life histories given are naïve in the extreme or, to say it another way, they are seen largely from the standpoint of identifiable organic events, such as brain injury, encephalitis, and body form. Psychoanalytic findings are briefly but pungently taken for the customary ride. The author plumps strongly for sterilization as a method of social hygiene in the case of many criminal offenders.

JOHN DOLLARD (NEW HAVEN)

# CURRENT PSYCHOANALYTIC LITERATURE

## The International Journal of Psycho-Analysis. Vol. XVI, Part 4, October, 1935.

- FRANZ ALEXANDER: The Logic of Emotions and its Dynamic Background.
- ALFRED WINTERSTEIN & EDMUND BERGLER: The Psychology of Pathos.
- ALFRED GROSS: The Psychic Effects of Toxic and Toxoid Substances.
- LUDWIG EIDELBERG: A Suggestion for a Comparative Theory of the Neuroses.
- SUSAN ISAACS: 'Bad Habits'.
- MELITTA SCHMIDEBERG: 'Bad Habits' in Childhood: their Importance in Development.
- FRITZ WITTELS: A Type of Woman with a Three-fold Love Life.
- GEORGE W. WILSON: The Analysis of a Transitory Conversion Symptom Simulating Pertussis.
- MICHAEL BÁLINT: A Contribution on Fetishism.

## Internationale Zeitschrift für Psychoanalyse. Vol. XXI, Number 3, 1935.

- ERNEST JONES: Über die Frühstadien der weiblichen Sexualentwicklung (*The Early Stages of Female Sexual Development*).
- ERNST PAUL HOFFMANN: Projektion und Ich-Entwicklung (*Projection and Ego Development*).
- HANS CHRISTOFFEL: Harntriebäusserungen, insbesondere Enuresis, Urophilie und Uropolemie (*Urinary Drives, Especially in Enuresis, Urophilia and Uropolemia*).
- C. D. DALY: Der Kern des Oedipuskomplexes (*The Nucleus of the Oedipus Complex*).
- MAXIM. STEINER: Die Traumsymbolik der analytischen Situation (*The Dream Symbolism of the Analytic Situation*).
- EDUARD HITSCHMANN: Beiträge zu einer Psychopathologie des Traumes (*Contributions to a Psychopathology of Dreams*).

## Vol. XXI, Number 4, 1935.

- FRANZ ALEXANDER: Die Logik der Gefühle und ihre dynamische Grundlage (*The Logic of the Emotions and their Dynamic Basis*).
- JAMES STRACHEY: Die Grundlagen der therapeutischen Wirkung der Psychoanalyse (*The Basis of the Therapeutic Effect of Psychoanalysis*).
- VILMA KOVÁCS: Lehranalyse und Kontrollanalyse (*Training Analysis and Control Analysis*).
- MICHAEL BÁLINT: Zur Kritik der Lehre von der prägenitalen Libidoorganisationen (*A Critique of the Study of Pre-genital Libido Organization*).
- ERWIN STENGEL: Zur Kenntnis der Triebstörungen und der Abwehrreaktionen des Ichs bei Hirnkranken (*On the Knowledge of Disturbances and Defensive Reactions of the Ego in Mental Disease*).



- OTTO FENICHEL: Schautrieb und Identifizierung (*Scotophilia and Identification*).  
 KIYOYASU MARUI: Über den Introjektionsvorgang bei Melancholie (*The Process of Introjection in Melancholia*).

### Imago. Vol. XXI, Number 3, 1935.

- PAUL SCHILDER: Psychopathologie der Zeit (*Psychopathology of Time*).  
 LUDWIG PFANDL: Der Narzissbegriff. Versuch einer neuen Deutung (*The Concept of Narcissism. Attempt of a New Interpretation*).  
 ALFRED WINTERSTEIN & EDMUND BERGLER: Zur Psychologie des Pathos (*The Psychology of Pathos*).  
 ERNST KRIS: Zur Psychologie älterer Biographik (*The Psychology of the Older Biography*).  
 JOHANNES LANDMARK: Der Freudsche Triebbegriff und die erogenen Zonen (*The Freudian Concept of Instincts and the Erogenic Zones*).  
 LUDWIG EIDELBERG: Das Verbotene lockt (*The Forbidden is Sweet*).  
 FRIEDRICH S. KRAUSS: Die Oedipussage in südslawischer Volksüberlieferung (*A South-Slavic Folk Version of the Oedipus Legend*).  
 R. A. SPITZ: Frühkindliches Erleben und Erwachsenenkultur bei den Primitiven (*Early Childhood Experiences and Adult Culture Among Primitive Peoples*).

### Vol. XXI, Number 4, 1935.

- EDOARDO WEISS: Todestrieb und Masochismus (*Death Instinct and Masochism*).  
 IMRE HERMANN: Das Unbewusste und die Triebe vom Standpunkt einer Wirbeltheorie (*The Unconscious and the Instincts from the Standpoint of a Vortex Theory*).  
 DOROTHY TIFFANY BURLINGHAM: Die Einfühlung des Kleinkindes in die Mutter (*The Infant's Empathy into its Mother*).  
 MELITTA SCHMIDBERG: Zum Verständnis massenpsychologischer Erscheinungen (*The Understanding of Mass-Psychological Phenomena*).  
 OTTO FENICHEL: Zur Kritik des Todestriebes (*A Critique of the Death Instinct*).  
 HEINZ LICHTENSTEIN: Zur Phänomenologie des Wiederholungszwanges und des Todestriebes (*The Phenomenology of the Repetition Compulsion and the Death Instinct*).  
 SANDOR LORAND: Ein Beitrag zur Psychologie des Erfinders (*The Psychology of the Inventor*).  
 EMILIO SERVADIO: Psychoanalyse und Telepathie (*Psychoanalysis and Telepathy*).  
 GUSTAV BERGMANN: Zur analytischen Theorie literarischer Wertmaßstäbe (*The Analytic Theory of Literary Standards*).

**Revue Française de Psychanalyse. Vol. VIII, Number 2, 1935.**

- J. LEUBA: Hermès ou Aphrodite?: le côté biologique du problème (*Hermes or Aphrodite: the Biologic Aspect of the Problem*).
- MARIE BONAPARTE: Passivité, Masochisme et Féminité (*Passivity, Masochism and Femininity*).
- R. LAFORGUE: A propos de la Frigidité de la Femme (*The Frigidity of Women*).
- E. HITSCHMANN & E. BERGLER: La Frigidité de la Femme (*Frigidity in Woman*).
- A. HESNARD: La fausse Frigidité (*Spurious Frigidity*).

**The Psychoanalytic Review. Vol. XXIII, Number 1, January, 1936.**

- PAUL SCHILDER: The Attitude of Psychoneurotics Towards Death.
- THEODORE SCHROEDER: One Religio-Sexual Maniac.
- GERALD H. J. PEARSON: Speech Defect (Word Mutilation) and Masochism in a Traumatic Neurosis.
- A. CHIABOV: A Group of Works of Smith Ely Jelliffe, M.D.
- A. N. FOXE: Notes in Criminological Analysis.
- WILLIAM C. MENNINGER: The Psychology of Juvenile Paretic Neurosyphilis.
- ARNOLD H. KAMIAT: Male Masochism and Culture.

**The American Journal of Psychiatry. Vol. XCII, Number 2, September, 1935.**

- SANDOR RADO: The Material as it Organizes Itself with the Psychoanalyst.

**Vol. XCII, Number 3, November, 1935.**

- SMITH ELY JELLIFFE: Dynamic Concepts and the Epileptic Attack.

**The British Journal of Medical Psychology. Vol. XV, Part 3, 1935.**

- W. R. D. FAIRBAIRN: The Sociological Significance of Communism Considered in the Light of Psycho-Analysis.



## NOTES

CHAPTERS III, IV, V, AND VI of Freud's *Inhibitions, Symptoms and Anxiety* comprise the second instalment of Dr. Henry Alden Bunker's new translation.

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THE NEW YORK PSYCHOANALYTIC SOCIETY, at its January 26th meeting, elected the following officers: President, Dr. Bertram D. Lewin.—Vice-President, Dr. Leonard Blumgart.—Secretary, Dr. George E. Daniels.—Treasurer, Dr. Monroe A. Meyer.—Board of Directors of the New York Psychoanalytic Institute: Drs. Dorian Feigenbaum, Smith Ely Jelliffe, and Z. Rita Parker.—Representatives to the Council on Professional Training of the American Psychoanalytic Association: Drs. Bernard Glueck, Bertram D. Lewin, and Sandor Rado.—Member of the Executive Council of the American Psychoanalytic Association, Dr. Adolph Stern.—Dr. A. A. Brill was unanimously elected Honorary President.

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THE CHICAGO INSTITUTE FOR PSYCHOANALYSIS announces the continuation of research on gastro-intestinal problems, respiration and quantitative dream studies, as well as the beginning of research on psychic factors in asthma and certain skin diseases. The Institute offered the following professional training courses during the first quarter of the current academic year, ending December 21, 1935: (1) Introductory Lectures on Psychoanalysis, by Dr. Franz Alexander.—(2) Psychoanalytic Interpretation of Psychiatric Cases, by Dr. Karl Menninger.—(3) Case Seminar, by Dr. Alexander.—(4) Seminar on Review of Psychoanalytic Literature, by Dr. Thomas M. French.—(5) Physiology and Clinical Pathology of Peptic Ulcer, Ulcerative Colitis, and Functional Bowel Disturbances, by Dr. Walter L. Palmer; Recent Progress in the Physiology of the Nervous System, by Dr. Ralph W. Gerard; Allergy and Bronchial Asthma, by Dr. Ben Z. Rappaport; Clinical Pathology and Theory of the Epilepsies, by Dr. Roy R. Grinker; Physiology of the Endocrine Glands, by Dr. Broda O. Barnes; Clinical Pathology of Endocrine Disturbances, by Dr. Elmer L. Sevringhaus. The last mentioned courses constituted a special course given by medical specialists for physicians engaged in research work on psychogenic disturbances.

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THE EDITORS note with regret the death of Dr. S. R. Leahy of New York, who died of heart disease on January 30, 1936. Dr. Leahy, who was well known for his work in neurology and psychiatry, turned to the study of psychoanalysis in recent years, and showed much promise in the field.

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ERRATUM: On pages 402, 403 and 404 of the last volume, in the article on Quantitative Dream Studies by Drs. Franz Alexander and George W. Wilson, the tables list under "attacking" the subdivision "self-attacking (eliminating with meaning of self-castration)". This subdivision was listed erroneously, and is to be omitted.

